PROPOSAL NO.
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 SMP-15
 *
 PREMIUM AND
 *
 May 24, 2002
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 12 of 131

 LOSS EXPERIENCE
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SCHEDULE C PREMIUM AND LOSS EXPERIENCE INFORMATION

This schedule contains loss experience information for the past five (5) years.

Loss Experience As of 1/11/2002

		Total No.			Insured	
<u>Period</u>	Coverage	<u>of</u> Claims	<u>Open</u>	Closed	Losses	
07-01-1997/1998	CGL	40	1	39	571,290	Paid
					603,567	Incurred
07-01-1998/1999	CGL	39	3	36	238,086	Paid
					307,383	Incurred
07-01-1999/2000	CGL	48	20	28	5,091	Paid
					141,395	Incurred
07-01-2000/2001	CGL	40	14	26	2,887	Paid
					36,606	Incurred
07-01-2001/2002	CGL	8	6	2	0	Paid
(As of 12/10/2001)					6,100	Incurred

Detail of Losses over \$50,000 As of 1/11/2002

Date of Accident	Nature of Accident	Status of Claim	Total Incurred Including Expenses
7/27/96	Claimant alleges seat fell, striking left thigh, fell backwards, severe injuries to left leg/thigh	Closed	\$ 61,609
1/22/97	Claimant practicing bungee jump Death from massive head injury	Closed	\$ 54,125
02/15/97	Security guard injured apprehending vagrant - injury to multiple body parts	Open	\$100,000
12/22/97	Claimant alleging struck by freight elevator – head injuries	Open	\$ 51,362
01/01/98	Slip and fall on water on the floor	Closed	\$ 60,607
04/04/98	Claimant tripped on piece of iron that held temp. seating – fractured left han	Closed d	\$ 57,253
09/26/98	Slip and fall on liquid on the floor	Open	\$ 61,783
10/11/98	Slip and fall on water on walkway	Closed	\$113,300

PROPOSAL NO. * INVITATION FOR BID * DATE * PAGE

SCHEDULE C PREMIUM AND *

May 24, 2002

13 of 131

LOSS EXPERIENCE

SMP-15

2 *

** THIS PAGE DOES NOT HAVE TO BE RETURNED **

SCHEDULE C - Continued Past Excess Insurers and Premium

<u>Period</u> 07-01-96/97	Company/Agent National Union Fire Ins. Co./Aon Risk Services	Coverage \$2,000,000 Primary Liability	<u>Premium</u> \$990,000
07-01-96/97	National Union Fire Ins. Co./Aon Risk Services	\$23,000,000 excess liability over \$2,000,000	\$243,500
07-01-96/97	TIG Insurance Company/ Aon Risk Services	\$25,000,000 excess liability over \$25,000,000	115,000
07-01-96/97	Federal Insurance Co./Aon Risk Services	\$25,000,000 part of \$50,000,000 excess liability over \$50,000,000	50,000
07-01-96/97	American National Fire Ins. Co./Aon Risk Services	\$25,000,000 part of \$50,000,000 excess liability over \$50,000,000	50,000
<u>Period</u> 07-01-97/98	Company/Agent National Union Fire Ins. Co./Aon Risk Services	Coverage \$2,000,000 Primary Liability	<u>Premium</u> \$990,000
07-01-97/98	National Union Fire Ins. Co./Aon Risk Services	\$23,000,000 excess liability over \$2,000,000	\$243,500
07-01-97/98	TIG Insurance Company/ Aon Risk Services	\$25,000,000 excess liability over \$25,000,000	115,000
07-01-97/98	Federal Insurance Co./Aon Risk Services	\$25,000,000 part of \$50,000,000 excess liability over \$50,000,000	50,000
07-01-97/98	American National Fire Ins. Co./Aon Risk Services	\$25,000,000 part of \$50,000,000 excess liability over \$50,000,000	50,000

PROPOSAL NO. INVITATION FOR BID DATE PAGE

SCHEDULE C

PREMIUM AND

May 24, 2002

14 of 131

LOSS EXPERIENCE

SMP-15

** THIS PAGE DOES NOT HAVE TO BE RETURNED **

SCHEDULE C - Continued Past Excess Insurers and Premium

<u>Period</u> 07-01-98/99	Company/Agent National Union Fire Ins. Co./Aon Risk Services	Coverage \$2,000,000 Primary Liability	<u>Premium</u> \$990,000	
07-01-98/99	National Union Fire Ins. Co./Aon Risk Services	\$23,000,000 excess liability over \$2,000,000	\$243,500	
07-01-98/99	TIG Insurance Company/ Aon Risk Services	\$25,000,000 excess liability over \$25,000,000	115,000	
07-01-98/99	Federal Insurance Co./Aon Risk Services	\$25,000,000 part of \$50,000,000 excess liability over \$50,000,000	50,000	
07-01-98/99	Gerling American Ins. Co. /Aon Risk Services	\$25,000,000 part of \$50,000,000 excess liability over \$50,000,000	50,000	
Period 07-01-99/00	Company/Agent American Alternative Ins. Corp. / Risk Services of LA	Coverage \$2,000,000 Primary Liability	<u>Premium</u> \$1,096,881	
07-01-99/00	Lumbermens Mutual Cas. Co. / Risk Services of LA	\$48,000,000 excess liability over \$2,000,000	\$192,000	
07-01-99/00	National Union Fire Ins. Co. / Risk Services of LA	\$50,000,000 excess liability over \$50,000,000	79,738	
Period 07-01-00/01	Company/Agent American Alternative Ins. Corp. / Risk Services of LA	Coverage \$2,000,000 Primary Liability	<u>Premium</u> \$1,096,881	
07-01-00/01	Lumbermens Mutual Cas. Co. / Risk Services of LA	\$48,000,000 excess liability over \$2,000,000	\$192,000	
07-01-00/01	National Union Fire Ins. Co. / Risk Services of LA	\$50,000,000 excess liability over \$50,000,000	79,738	

SCHEDULE C - Continued Current Excess Insurers and Premium

<u>Period</u>	Company/Agent	Coverage	<u>Premium</u>
07-01-01/02	American Alternative Ins. Corp. / Risk Services of LA	\$2,000,000 Primary Liability	\$1,096,881
07-01-01/02	Lumbermens Mutual Cas. Co. / Risk Services of LA	\$25,000,000 excess liability over \$2,000,000	\$ 198,957
07-01-01/02	Westchester Fire Ins. Co./ Risk Services of LA	\$23,000,000 excess liability over \$27,000,000	\$ 46,000
07-01-01/02	National Union Fire Ins. Co. / Risk Services of LA	\$50,000,000 excess liability over \$50,000,000	\$ 79,738

PROPOSAL NO.	*	INVITATION FOR BID	*	DATE	*	PAGE
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SMP-15	*	PREMIUM AND	*	May 24, 2002	*	16 of 131
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PROGRAM: CLMC009 REPORT : CLMC009A					68	ALL CLAIMS B	RENANA IY POLICY AS C	AM - RE NANAGRAS ALL CLAINS BY POLICY AS OF 12/18/2001 STUBETION: POLICY MIXABR = 0182GL0000005					PAGE NO: 1 RUN DACE: 12/18/01 RUN TINE: 8:43:30
CLAIM-CLAINANT TIIBIR CLAIM NONBBR CLAIMAIT NAMB	ST 1.08	DAYS ST LOG LOSG DATE BITTAY DAYE OPEN	HTAY DATE		CLOSS DATE	LO36 REBRYE	BXPENSE Reserva	LOSS	HXPZN9C	SUBROGAFION	SALVAGE	OTHER RECOVES 165	TOTAL
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PROPOSAL NO. * INVITATION FOR BID * DATE * PAGE * SCHEDULE C *

* PREMIUM AND LOSS EXPERIENCE

SMP-15

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 PAGE SCHEDULE C

 SMP-15
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 PREMIUM AND PREMIUM AND SCHEDULE C
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 19 of 131

 LOSS EXPERIENCE ** THIS PAGE DOES NOT HAVE TO BE RETURNED **

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ALL CLAIMS BY POLICY AS OF 12/18/2001 SRLECTION: POLICY HUMBER = 01A2CL0000005		LOSS			00.		00.		00.		00		00		90		1,500.00		· ·	9	00.			00.	0	:	00.	
S BY POLICY AS		RESCAVE			٥		0		0		0		0		0		۰		c		1,500		•		•		•	
ALL CLAINS		RESERVE			•		1,000		0		0		•		1,500		0		0		3,500		0	1	0		100	
		DAYS OPEN CLOSE DATE			14 3/27/2001				3/13/2001		3/27/2001		3/27/2001				6/21/2001		3/13/2001				1/20/2001		3/27/2001			
		EMO YS	UISTAYA		LA 171 12/24/2000 3/13/2001 1		000 3/13/2001 280				9/23/2000 3/13/2001 14		7/02/2000 3/13/2001 14		9/09/2000 3/13/2001 200		0/25/2000 3/13/2001 100		0 3/13/2001 0		9/09/2000 3/27/2001 266		3/27/2001 115		3/27/2001 0		4/16/2001 246	
		St Lob Loss DA	THE OF LOUISIAMA, LO		LA 171 12/24/2		LA 171 12/24/2000 3/13/2001		LA 171 10/25/2000 3/13/2001		LA 171 9/23/20		LA 171 7/02/200		LA 171 9/09/200		LA 171 0/25/200		LA 171 11/18/2000 3/13/2001		LA 171 9/09/2000		LA 171 21/05/2000 3/27/2001 2		LA 171 1/21/2001 3/27/2001		LA 171 11/05/2000 4/16/2001	
PROCRAM: CLACO09 REFORT: CLACO09A	CLAIM-CLAIMANT THEIR CLAIM MIMBRO	CLAINANT HANB	POLICY: 01A2GL000000501 STATE OF LOUISIANA, LOUISIANA	176-01		177-01		62-01		65-03		10-91		10-6		0-01		1-01		-01		10-		.01		10		
REFOR	THEIR C	CLAINA	POLICY:	000099176-01		000000177-01		000094182-01		0000094165-03		000094186-01		000094187-01		000094190-01		0000094191-01		000094535-03		000094537-01		0000094539-01		000096826-01		

LOSS EXPERIENCE

PROCRAM: CLMC009A REPORT : CLMC009A	*	POLICY: 01AZGL00000501 STATE OF LOUISIANA, LOUISIANA	LA 171 3/21/2001 4/16/2001		LA 171 2/22/2001 4/17/2001		LA 171 2/22/2001 4/18/2001	LA 171 1/27/2001 4/10/2001		LA 171 11/25/2000 4/18/2001	LA 171 2/24/2001 4/18/2001		LA 171 12/30/2000 4/18/2001	LA 171 9/09/2000 4/18/2001	LA 171 11/19/2000 7/20/2001 1	LA 171 4/07/2001 7/31/2003		1A 171 4/07/2001 7/31/2001 1	1.4 171 6/07/2001 17. A.I.
S	DAYS CLATE OPEN CLOSE DATE		0 4/16/2001		0 4/11/2001		0 4/18/2001	0 4/18/2001		250	0 4/18/2001		191 10/26/2001	244	151	07 30/26/2003		140	140
ALL CLAIMS BY LECTION: POLI	LASS RESERVE		٥		۰		۰	۰		2,500	0		0	1,000	1,500	•	•	1,500	
AN - R & M A N A C C R S ALC CLAINS BY FOLICY AS OF 12/18/2001 SELECTION: POLICY PAWBER = 01A2GL0000005	3XP8HSE RBSSRV3		0		•		0	0		0	٥		0	1,592	٥	•		0	
E R S 12/18/2001 1A2GL0000005	LCSS PAYMENTS		90		00.		00.	00.		00.	00.		00.	00.	0		00.	00.	
	EXPRISE PAYHENTS		6	00:	00.		00.	00		00.	6		00.	2.907.50	e e		00.	00.	
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PACS NO: 7 RUN DATE: 12/18/01 RUN TIME: 8:43:30	TOTAL INCUREBO			00.		00.	00.		00.	2,500,00		00.	00-		5,499.50	1,500.00	60.	1,500.00	

ONTER PROPERTY PROPERTY PARTORNES STATEMENTS STATEMENTS STATEMENTS PARTORNES STATEMENTS	RBPORT : CLACO09A			ALL CLAIRS BY POLICY AS OF 12/10/2001 SELECTION: POLICY REMER - 01AZGLGGOOGOS	OF POLICY AS	ALL CLAIRS BY POLICY AS OF 12/16/2001					PAGE 140 : RUIL DATE: 12/11
1 10 10 10 10 10 10 10	MBER	DAY		Loss	EXPRASS	Lose					RUN TINE: 8:43:30
11 140	GLOODOOGSOI STATE OF LOUISIANA,	UNIB BITTEY DATE OF	3R CLOSE DATE	RESERVE	RESERVE	PAYNENTS	PAYKSHTS	SUBROGATION	SALVAGE	OTHBR	TOTAL
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11 140	LA 171 4/07		7 10/26/2001	•	G						
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53	LA 171 4/07/:			200	•						
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CLAIN-CLAIRANT DANS EXPENSE LOSS EXPENSE LOSS EXPENSE TOTAL TOTAL	DAYS DAYS DAYS DAYS DAYS BEACHTSSS BEACHTSS BEACHTSSS BEACHTSSS BEACHTSS BE	PROGRAN: CLMC009 REPORT : CLMC009A			80	ALL CLAIMS B BLECTION: POL	ALL CLAINS BY FOLICY AS OF 12/16/2001 BELECTION: POLICY NUMBER = 01A2CL000005	G E R S 7 12/18/2001 01A2GL0000005	400				PAGS NO : 9 RUM DATE: 12/18/01 RUM TIME: 0:43:30
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00. 00. 00. 00. 00. 00. 00. 00. 00. 00.	00. 00. 00. 00. 00. 00. 00. 00. 00. 00.	FOLICY: ONAZGLO00000502 BT	ATE OF LOUISIANA, SUPERDONE										
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		TOTAL: 01A2GL000000502 STA	NE OF LOUISIANA, SUPERDON O	OUNT:	00	6,100	0	00.	00.	00.	00.	00.	6,100.00

PROPOSAL NO. * INVITATION FOR BID

SMP-15

SCHEDULE C PREMIUM AND

* * DATE
May 24, 2002

PAGE 25 of 131

IVISION	PAGE 1	TOTAL	000	941.93	00 00 3, 000.00	00 00 00 8,765.89	.00 .00 .20 32,276.08
NC., RMIS D	N REPORT DATE 01/11/02	SALVAGE SUBRO OTHER	000	000	000. • £	8	33
SERVICES, I	VALUATION DATE 12/31/01	TOTALS	0000	941.93	3000.000	.00 8765.89 .00	32276.08
AIG INSURANCE SERVICES, INC., RMIS DIVISION	CONTRACT PERIOD 07/01/96 - 07/01/97	ALLOCATED EXPENSE	000	000	000	1265.89	6706.50
	& EXP	MEDICAL	0000	941.93	0000	000	0000
INTELLIRISK REPORTING SYSTEM RISK DETALL REPORT	GL , LA.STADIUM	COMP	0000	.00 .00 .00 .BBRITY 4 DR	3000.000	7500.00	25569.50 .00 .ASHLIGHT
IRISK REPO	POLICY 003769846 GL STATE OF LA.,		CURR PREV RESV	CURR PREV RESV RKE CHEVY CEL	CURR PREV RESV	CURR PREV RESV	CURR PREV RESV AND HED FOR F SEVERED
INTELL	PO OU	STATE	ACT	LA CURR PREV RESV TO VEHICLEPARKE DMG TO1985 CHEVY CELEBRITY	r.	LA TTERY BY PER RT LEG	LA FANBELT P EN HE REAC LE FINGER
	ACCOUNT 3202008 3202008 STATE OF LOUISIANA	CLAIMANT NAME NCCI OCCUPATION ACCIDENT DESCRIPTION INJURY DESCRIPTION	PREMISE - DAMAGES FOR BREACH OF CONTRACT ALLEGING BREACH OF CONTRACT	PREMISE - ALLEGING UNKNOWN BROKE INT D ON LOT ELECTRICAL WIRING MISSING,	ALLEGING SLIP & FALL ALLEGING MINOR INJURIES	LA CLMT ALLEGING AGGRAVATED BATTERY BY SHOOTING AT SUPERROME GUNSHOT WOUND THRU TO THE UPPER RT LEG	LA CURR , 00 PREV 25569.56 RESV .00 CLMT CAUGHT FINGERS BETWEEN FANBELT AND PULLEY ON AIR CONDITIONER WHEN HE REACHED FOR FLASHLIGHT TIPS OF RT INDEX AND RT MIDDLE FINGER SEVERED
	LOUISIA	OFF CASE SYM H-OFF	251 039110 001 251	251 034882 001 251	251 035490 001 251	251 041409 001 251	251 047306 001. 251
	CLIENT 1215073 STATE OF LOUISIANA	LOSS DATE RPT. DATE STATUS CLOS DATE LOSS TYPE	7/01/96 11/12/96 CLOSED 6/26/97 PREMISE	7/04/96 7/05/96 CLOSED 8/02/96 PREMISE	7/04/96 7/04/96 CLOSED 1/28/97 LIABILTY	7/05/96 1/16/97 CLOSED 9/12/97 LIABILTY SUIT	7/05/96 6/06/97 CLOSED 9/01/98 LIABILIY SUIT

PROPOSAL NO. * INVITATION FOR BID * DATE * PAGE * SCHEDULE C *

SMP-15 * PREMIUM AND LOSS EXPERIENCE

** THIS PAGE DOES NOT HAVE TO BE RETURNED **

May 24, 2002

AIG INSURANCE SERVICES, INC., RMIS DIVISION	REPORT PAGE DATE 2 01/11/02	SALVAGE TOTAL SUBRO INCURRED OTHER	00.00	00.	0000	.00	0000
E SERVICES, IN	VALUATION DATE 12/31/01	TOTALS	000	000	15.50 7258.15 7913.85	0000	0000
AIG INSURANC	CONTRACT PERIOD 07/01/96 - 07/01/97	ALLOCATED EXPENSE	0000	0000	15.50 7258.15 413.85	0000	0000
W	EXP	MEDICAL PROPERTY	0000		000	0000	000
INTELLIRISK REPORTING SYSTEM RISK DETAIL REPORT	POLICY 003769846 GL STATE OF LA., LA.STADIUM &	COMP	000	000	.00.0057	0000	0000
RISK RE	POLICY 003769846 STATE OF LA		CURR PREV RESV	CURR PREV RESV	CURR PREV RESV TER	CURR PREV RESV	CURR PREV RESV
INTELL	POI STR	STATE	LA ON	LA FLEW INTO	LA ON WAT	LA S DE LEFT	LALIRS
	ACCOUNT 3202008 ANA STATE OF LOUISIANA	CLAIMANT NAME NCCI OCCUPATION ACCIDENT DESCRIPTION INJURY DESCRIPTION	ALLEGING SLIP & FALL ON WATER FLOOR TWISTED ANKLE	CLMT ALLEGING UNKNOWN OBJECT LEFT EYE FOREIGN OBJECT IN LEFT EYE	LA CLMT ALLEGING HE SLIPPED & FELL ON WATER ON FLOOR WHILE EXITING RESTROOM	ALLEGING SLIP & FALL ON STAIRS AT CONCERT INJURED UPPER & LOWER PORTION OF LEFT LEG; BRUISE TO ELBOW	ALLEGING TRIPPED & FELL ON STAIRS ABRASION/SWELLING TO LEFT KNEE; LEFT ANKLE SORE
	LOUISI	E CASE SYM E H-OFF	251 034880 001 251	251 034895 001 251	251 034900 001 251	251 037 <i>627</i> 001 251	251 034887 001 251
Α	CLIENT 1215073 STATE OF LOUISIANA	LOSS DATE RPT. DATE STATUS CLOS DATE LOSS TYPE	7/06/96 7/09/96 CLOSED 12/26/96 LIABILTY	7/06/96 7/06/96 CLOSED 10/14/96 LIABILTY	7/06/96 7/06/96 OPEN LIABILTY SUIT	7/06/96 9/27/96 CLOSED 11/19/97 LIABILTY	7/13/96 7/13/96 CLOSED 10/29/96 LIABILTY

NOISION	PAGE 3	TOTAL	000	1,097.00	000	00.	000	5,015.00	000	00.	0.0	00.
INC., RMIS D	ON REPORT DATE 1 01/11/02	SALVAGE SUBRO OTHER	0000	1	000.		000.	2	0000	00.		
E SERVICES,	VALUATION 7 DATE 12/31/01	TOTALS	1097.00		0000		5015.00		0000	00.	00.	
AIG INSURANCE SERVICES, INC., RMIS DIVISION	CONTRACT PERIOD 07/01/96 - 07/01/97	ALLOCATED EXPENSE	000		000		.00		0000	00.	00.	
	6 EXP	MEDICAL	000.		0000		000.		0000	00.	000	
INTELLIRISK REPORTING SYSTEM RISK DETAIL REPORT	GL ., LA.STADIUM	COMP	1097.00		000		4400.00		0000	000	00	
RISK REPORTS RISK DET	POLICY 003769846 GL STATE OF LA.,		CURR PREV RESV		CURR PREV RESV	KS	CURR PREV RESV		CURR PREV RESV	CURR	RESV	,
INTELI		STATE	LA 6 FELL ON STAIRS	KNEE	LA	& LEFTBUTTOCKS	LA		LA WALKING & TR	LA	CHAIR	ANKLE/BRUISED HIP/SWOLLEN KNEE/ BY DR
	LOUISIA	z	FELL O	F LEFT	EN'S RE	, BACK	TI		ND WAS		BY HER	ED HIP/
	ACCOUNT 3202008 STATE OF LOUISIANA	CLAIMANT NAME NCCI OCCUPATION ACCIDENT DESCRIPTION INJUKY DESCRIPTION	ALLEGING TRIPPED 6	ABRASION/SWELLING OF LEFT KNEE LEFT ANKLE SORE	SLIP & FALL NEAR MEN'S RESTROOM	INJURY TO LEFT KNEE,	ALLEGING SLIP 6 FALL	BRUISE TO KNEE	LA CLMT GOT OFF BUS AND WAS WALKING & TRIP & FELL IN POT HOLE IN PUBLIC STREET	S AND ARM	FELL OFF THE STEP BY HER CHAIR	TWISTED ANKLE/BRUISI TREATED BY DR
	UISIANA			ABR	***	INJ		BRU	40	KNE 251		TWI
	CLIENT 1215073 STATE OF LOUISIAN	LOSS DATE CASE RPT. DATE CASE STATUS SYM CLOS DATE H-OFF LOSS TYPE	7/13/96 251 7/13/96 034887 CLOSED 002 7/03/97 251 LIABILTY		7/14/96 251 7/15/96 034878 CLOSED 001 12/05/97 251 LIABILTY		7/16/96 251 7/16/96 035495 CLOSED 001 7/16/97 251 LIABLLTY		7/18/96 251 8/12/96 035910 CLOSED 001 10/14/96 251 LIABILTY	7/19/96	3/11/98 05/684 CLOSED 001 4/17/98 251 LIABILTY	

PROPOSAL NO. * INVITATION FOR BID * DATE * PAGE

VISION	PAGE 4	TOTAL	000.00	00.	345.40	.00	00 73- 8,585.73
NC., RMIS DI	N REPORT DATE 01/11/02	SALVAGE SUBRO OTHER	.00	000	000	.000000	7383.73-
AIG INSURANCE SERVICES, INC., RMIS DIVISION	VALUATION DATE 12/31/01	TOTALS	00.	0000	345.40	.00	.00
AIG INSURANC	CONTRACT PERIOD 07/01/96 - 07/01/97	ALLOCATED EXPENSE	14108.69	0000	000	10731.98	15969.46
	& EXP	MEDICAL	000	000	345.40	000	000
INTELLIRISK REPORTING SYSTEM RISK DETAIL REPORT	POLICY 003769846 GL STATE OF LA., LA.STADIUM	COMP	47500.00	000	000	000	000
IRISK REPORTS RISK DETA	POLICY 003769846 (STATE OF LA		CURR PREV RESV DS	CURR PREV RESV TRAINING	CURR PREV RESV ARK LE	CURR PREV RESV HEAD	CURR PREV RESV
INTELL		STATE	LA STRIKING HIS NG HIM BACKWAR TO LEFT LEG/T	LA LA SIGNMENTS &	LA WHEN THEP HIS VEHIC KIVER'S SIDI	LA CI PP PR CDE OF ES-	LA I NUMEROUS TRANSMITTI
	ACCOUNT 3202008 STATE OF LOUISIANA	OFF CLAIMANT NAME CASE NCCI OCCUPATION SYM ACCIDENT DESCRIPTION LOFF INJURY DESCRIPTION	LA CO PRINCE SEAT FELL, STRIKING HIS LEFT UPPER THIGH, KNOCKING HIM BACKWARDS ALLEGING SEVERE INJURIES TO LEFT LEG/THIGH	LA ALLEGES DISCRIMINATION/VERBAL HARASSMENT/UNEQUAL WAGES ASSIGNMENTS DISCRIMINATION	PREMISE - CLMT EXITING PARKING GARAGE WHEN THEPARK ING ARM CAME DOWN ON ROOF OF HIS VEHICLE SCRATCHES/DENT ON ROOF OF DRIVER'S SIDE	ALLEGING CHILD FELL OVER SIDE OF ESCALATOR TO GROUND SUFFERED BROKEN LEG, HIP AREA; CUTS	ALLEGING MINOR WAS RAPED ON NUMEROUS OCCASIONS BY INSD'S EMPLOYEE DISEASE DISEASE
	OUISIANA	OFF CLA CASE NCC SYM ACC H-OFF INJ	251 049211 251 CLI LEF		н но		
	CLIENT 1215073 STATE OF LOUISIANA	LOSS DATE OFF RPT. DATE CASE STATUS SYM CLOS DATE H-OFF LOSS TYPE	7/27/96 7/21/97 04 CLOSED 6/22/99 LIABILTY SUIT	8/01/96 251 8/26/98 064193 CLOSED 001 9/10/98 251 LIABILTY	8/02/96 251 8/12/96 03512 CLOSED 001 9/11/96 251 PREMISE	8/07/96 251 8/08/96 035806 CLOSED 001 5/17/99 242 LIABLLTY	8/10/96 251 9/03/97 051144 CLOSED 001 10/30/00 242 LIABILITY

	INTELLIRISK	INTELLIRISK REPORTING SYSTEM RISK DETAIL REPORT		ALG INSURANCE SERVICES, INC., RMIS DIVISION	SERVICES, IN	IC., RMIS DI	VISION
ACCOUNT 3202008 STATE OF LOUISIANA		POLICY 003769846 GL STATE OF LA., LA.STADIUM	& EXP	CONTRACT PERIOD 07/01/96 - 07/01/97	VALUATION DATE 12/31/01	n REPORT DATE 01/11/02	PAGE 5
OFF CLAIMANT NAME CASE NCCI OCCUPATION SYM ACCIDENT DESCRIPTION -OFF INJURY DESCRIPTION	STATE	COMP	MEDICAL	ALLOCATED T EXPENSE	TOTALS	SALVAGE SUBRO I OTHER	TOTAL
LIA CURR .00 PREV 3706.00 RESV .00 SLIP AND FALL ON A GRADING PLATE AT GATE E OF SUPERDOME NOSE INJURY, VARIOUS ABRASIONS AND LEFT HAND AND WRIST PAIN	LA CURR PREV RESV PLATE AT GATE ONS AND LEFT HAND A	.00 00 00 00 00 00 00 00 00 00 00 00 00	000	3841.45 .00	7547.45	000.	000000000000000000000000000000000000000
LA CURR PREV RESV CLMT FELL OVER A HANDICAPPED SEAT	LA CURR PREV RESV SD SEAT	.00 .vv 27.00 .vv .00	000	000	27.00	0000	
LA CEILING TILE CAME DOWN ON HEAD WHILE WAS CLEANING	LA CURR PREV RESV HEAD WHILE SHE	000.00	000	000	000	000	27.00
LA CLAIMANT SLIPPED AND FELL ON PARKING GARAGE STAIRMAY AT LA SUPERDOME FRACTURED ELBOW	LA CURR PREV RESV DN PARKING	R 1539.31	0000	000	1539.31	000.	00 00 00 1,539.31
PREMISE - CURR .00 PREV .00 EMPLOYEE VEHICLE VANDALIZED INEMPLOYEE P PASSENGER SIDE WINDOW BROKEN AND A BRICK WAS INHIS VEHICLE UT NO ITEMS TAKEN FROM CAR.	LA CURR PREV RESV D INEMPLOYEE P N AND A BRICK WAS 1	R .000 .000 .VV .000 .000 .000	.00	000	144.14	000	144.14

PROPOSAL NO. * INVITATION FOR BID * DATE * PAGE * SCHEDULE C *

SMP-15 * *PREMIUM AND* * May 24, 2002 * 30 of 131

DIVISION	T PAGE 6	TOTAL	000.	3,783.03	000.	5,157.13	000	c	0000	8,645.00	000.	00.
INC., RMIS	ON REPORT DATE 1 01/11/02	SALVAGE SUBRO OTHER										
E SERVICES,	VALUATION DATE 12/31/01	TOTALS	3783.03		5157.13		0.0.0		8645.00		0000	
AIG INSURANCE SERVICES, INC., RMIS DIVISION	CONTRACT PERIOD 07/01/96 - 07/01/97	ALLOCATED EXPENSE	000		000.		888		0000		0000	
	6 EXP	MEDICAL	3783.03		.00 5157.13		000	2	0000		0000	
INTELLIRISK REPORTING SYSTEM RISK DETAIL REPORT	GL A., LA.STADIUM	COMP	000.		0000		000	3	8645.00		0000	
RISK REP	POLICY 003769846 GL STATE OF LA.,		CURR PREV RESV	STOLEN	CURR PREV RESV		CURR		CURR PREV RESV		CURR PREV RESV	
INTEL	S 00 S	STATE	LA	K SEATS S	LA	TOLEN	LA	SCALATOR,	LA	R ON	LA	ELL ON
	ACCOUNT 3202008 ANA STATE OF LOUISIANA	OFF CLAIMANT NAME CASE NCCI OCCUPATION SYM ACCIDENT DESCRIPTION 1-OFF INJURY DESCRIPTION	PREMISE - SUPERDOME TWO VEHICLES WERE REPORTED STOLEN	STOLEM AND RECOVERED WITH BACK SEATS	PREMISE - SUPERDOME	TWO VEHICLES WERE REPORTED STOLEN FROM PARKING LOT STOLEN VEHICLE		ALLEGING CLMT WALKING DOWN ESCALATOR, MISJUDGED STEPS & FELL BUMP TO HEAD		ALLEGING SLIP & FALL ON WATER ON FLOOR CAUSING INJURIES TWISTED RT ANKLE, RT HIP IS SORE		SLIPPED ON POPCORN OIL AND FELL ON HER LEFT KNEE LEFT KNEE PAIN/DR REPT SAYS STRAIN
	LOUISIA		251 037031 001 251		037031 002	100	251	251	251 037630 001	251	251	251
	CLIENT 1215073 STATE OF LOUISIANA	LOSS DATE OFF RPT. DATE CASE STATUS SYM CLOS DATE H-OFF LOSS TYPE	9/08/96 251 i 9/12/96 037031 CLOSED 001 PRI 10/11/96 251 PREMISE		9/08/96 251 9/12/96 037031 CLOSED 002 1	PREMISE	9/08/96	3/20/98 251 LIABILTY	9/09/96 251 9/09/96 037630 CLOSED 001	6/16/97 LIABILTY	9/09/96 8/22/97 CLOSED	4/08/98 LIABILTY

PROPOSAL NO.

SMP-15

INVITATION FOR BID SCHEDULE C

DATE May 24, 2002 PAGE

PREMIUM AND

LOSS EXPERIENCE

31 of 131

		*	* THIS PAGE	DOES NOT HA	VE TO BE RET	TURNED **	
DIVISION	PAGE 7	TOTAL	.00	00.	00.00		00.
.NC., RMIS	DATE DATE 01/11/02	SALVAGE SUBRO OTHER					
ICE SERVICES, INC., RMIS DIVISION	VALUATION DATE 12/31/01	TOTALS	1031.28	0000	0000	.00 4051.26 .00	000
AIG INSURANCE	CONTRACT PERIOD 07/01/96 - 07/01/97	ALLOCATED	0000	0000	0000	.00 4051.26 .00	000
2.	EXP	MEDICAL	0000	0000	0000	0000	0000
RISK REPORTING SYSTEM RISK DETAIL REPORT	GL , LA.STADIUM	COMP	.00	0000	0000	0000	.00 .00 .00 QUARTER PANE
	POLICY 003769846 GL STATE OF LA.,		CURR PREV RESV	CURR PREV RESV N	CURR PREV RESV ION	CURR PREV RESV ERA	CURR PREV RESV WHI
INTELLIRISK	POI STR	STATE	LA EELL ON	LA STAIRS WITH CAIN RT ELBOW AND NECK	LA ND STOLEN INSD LOCATI	LA 6 FELL ON BEERA HEAD 6 BACK	LA S DAMAGED W S. SOOR AND RIC
	ACCOUNT 3202008 STATE OF LOUISIANA	OFF CLAIMANT NAME CASE NCCI OCCUPATION SYM ACCIDENT DESCRIPTION 1-OFF INJURY DESCRIPTION	CLMT ALLEGING SHE SLIPPED WAY TO LADIES RESTROOM BROKEN RI FOOT	CLMT WAS WALKING DOWN AND TRIPPED AND FELL PAIN TO LT KNEE, HIPS,	PREMISE - CLATS WHEELCHAIR WAS LOST AND STOLEN WHILE ATTENDING AN EVENT AT INSD LOCATION	CLMT ALLEGING HE SLIPPED T STADIUM CLMT ALLEGING INJURIES TO	LA CURR .000 PREV .00 PREV .00 CLAIMANT ALLEGES VEHICLE WAS DAMAGED WHI LE PARKED IN SUPERDOME GARAGE. FRONT RIGHT QUARTER PANEL, DOOR AND RIGHT REAR QUARTER PANEL DAMAGE TO '84 OLDSMOBILE REGENCY
	CLIENT 1215073 STATE OF LOUISIANA	H	9/13/96 251 9/27/96 037582 CLOSED 001 1/06/97 251 ABBILTY	6 039096 001 6 251 7	6 038489 001 7 251	6 039044 001 9 251	6 039050 001 6 251
	CLIENT 1215073 STATE OF	LOSS DATE RPT. DATE STATUS CLOS DATE LOSS TYPE	9/13/96 9/27/96 CLOSED 1/06/97 LIABILITY	9/13/96 11/08/96 CLOSED 11/20/96 LIABILTY	10/13/96 10/22/96 CLOSED 7/01/97 PREMISE	10/13/96 10/21/96 CLOSED 4/23/99 ILABILTY SUIT	10/13/96 11/05/96 CLOSED 11/25/96 PREMISE

PROPOSAL NO. INVITATION FOR BID DATE PAGE SCHEDULE C

PREMIUM AND SMP-15 LOSS EXPERIENCE

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May 24, 2002

PAGE 8	TOTAL	.00	00.	00.	00.	
REPORT DATE 01/11/02	SALVAGE SUBRO OTHER	.000	000.	000.	0000	0000
	SALV	000	000	000	000	000
VALUATION 7 DATE 12/31/01	TOTALS	12000.00	000	000	000	0000
CONTRACT PERIOD 07/01/96 - 07/01/97	ALLOCATED EXPENSE	0000	0000	0000	0000	000
& EXP	MEDICAL	0000	000	000	000	000
POLICY 003769846 GL STATE OF LA., LA.STADIUM	COMP	12000.00	000	0000	000	0000
POLICY 003769846 STATE OF L		CURR PREV RESV STR	CURR PREV RESV	CURR PREV RESV	CURR PREV RESV LOS	CURR PREV RESV TOL
STS	STATE	LA S HIM TO	LA AIRS AND 5TH	LA E PELL	LA NT UNDISC	LA INE WAS S
ACCOUNT 3202008 STATE OF LOUISIANA	N PTION ION	LA CLAIMANT'S SEAT BROKE CAUSING HIM TO STR KE HIS BACK ON THE CHAIR.	LA CLMT DECENDING THE TERRACE STAIRS AND HE SLIPPED AND FELL ONES FRACTURE AT THE BASE OF 5TH IGHT KNEE	LA UNKNOWN INTOXICATED WHITE MALE FELL ECK SPRAIN	LA CLMT ALLEGING HE HAD FALLEN AT UNDISCLOS ID LOCATION	ES THAT HIS PHC SS BOOTH T&T PRINCESS PH
	OFF CLAIMANT NAME TASE NCCI OCCUPATION SYM ACCIDENT DESCRIPTION OFF INJURY DESCRIPTION	CLAIMANT'S SEAT BROKE CAU IKE HIS BACK ON THE CHAIR. INJURY TO HIS BACK	CLMT DECENDING THE TERRACE STAIR. SHE SLIPPED AND FELL JONES FRACTURE AT THE BASE OF 5TH RIGHT KNEE	UNKNOWN INTOXICATED WHITE MAI STRIKING CLAIMANT ON THE NECK NECK SPRAIN	CLMT ALLEGING HE HAD ED LOCATION UNKNOWN INJURY TO BACK	PREMISE - CLAIMANT ALLEGES THAT HIS PHONE WAS STOL MISSING WHITE ARET PRINCESS PHONE
LOUISIA	H		251 043837 001 251		251 039047 001 251	251 039072 001 251
CLIENT 1215073 STATE OF LOUISIANA	LOSS DATE RPT. DATE STATUS CLOS DATE LOSS TYPE	10/13/96 251 11/05/96 039054 CLOSED 001 4/17/98 251 LIABILTY	10/13/96 3/11/97 CLOSED 5/29/97 LIABILTY	10/13/96 251 9/11/97 051467 CLOSED 001 2/23/98 251 LIABILTY	11/03/96 (11/05/96 (CLOSED 11/25/96 LIABILTY	11/03/96 11/05/96 CLOSED 2/07/97 PREMISE

PROPOSAL NO.

SMP-15

INVITATION FOR BID SCHEDULE C

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PREMIUM AND

May 24, 2002

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ISION	PAGE 9	TOTAL	00.	243.46		408.88		00.		270.00
, RMIS DIV.	REPORT DATE 01/11/02	SALVAGE SUBRO INC OTHER	0000		0000	4(0000		0000	7
ERVICES, INC	VALUATION DATE 12/31/01	TOTALS SA	0000	.00	.00 .00 .00		0000		270.00	
AIG INSURANCE SERVICES, INC., RMIS DIVISION	CONTRACT PERIOD 07/01/96 - 07/01/97	ALLOCATED TO EXPENSE	000	000	000		0000		270.00	
	CONTRA 07/01,	MEDICAL PROPERTY	0000	0000	408.88		0000		0000	
INTELLIRISK REPORTING SYSTEM RISK DETAIL REPORT	LA.STADIUM	COMP	0000	243.46	000		0000	HIS VE GARAGE AT THAT TIME & LEFT DOOR OF 1988 ISUZU	0000	INJURY
LIRISK REPORTS RISK DETA	POLICY 003769846 GL STATE OF LA.,		CURR PREV RESV ATT	CURR PREV RESV TLY	CURR PREV RESV ICLE		CURR PREV RESV	HIS VE GARAGE AT THA & LEFT DOOR (CURR PREV RESV	ETWE ICAL SPINE
INTEL	0 O	STATE	LA K WHILE	LA	LA TO VEH	HEROKEE	LA		LA	MEDIAN B
	ACCOUNT 3202008 STATE OF LOUISIANA	No	HEART ATTAC AME. ING IN DEAT	RITY GUARD	T OVERSPRAY	TO 1993 JEEP CHEROKEE		IT SPLATTERE GOING ON C		ED ACROSS MIL OFF WALL
	ACCOUNT 3202008 STATE OF	OFF CLAIMANT NAME TASE NCCI OCCUPATION SYM ACCIDENT DESCRIPTION OFF INJURY DESCRIPTION	LA PATRON SUPFERED A HEART ATTACK WHILE ENDING A FOOTBALL GAME. HEART ATTACK RESULTING IN DEATH	LA CLMT ALLEGING SECURITY GUARD ACCIDENTLY STRUCK HIM IN HIS EYE IRRITATION TO RT EYE	LA SE - ALLEGING PAINT OVERSPRAY TO VEHICLE	OVERSPRAY TO	1 22	CIMT ALLEGING PAINT SPLATTERED ON HIS VE HICLE; PAINTING WAS GOING ON ON IN GARAGE ALLEGING ORANGE PAINT DOTS ON HOOD & LEFT TRUCK		ALLEGING CLMT LEAPED ACROSS MEDIAN BETWE EN ESCALATORS & FELL OFF WALL LACERATION TO FOREHEAD; POSSIBLE CERVICAL SPINE INJURY
	SIANA	OFF CLAIMA CASE NCCI SYM ACCIDE 4-OFF	(E) 32	02 H	PREMIS	PAINT	251 0243 001 PREMISE	CLMT HICLE; ALLEGI TRUCK	251 799 001	
	CLIENT 1215073 STATE OF LOUISIANA	LOSS DATE OFF RPT. DATE CASE STATUS SYM CLOS DATE H-OFF LOSS TYPE	11/03/96 251 11/05/96 039074 NOTICE 001 LIABILIY 251	11/03/96 251 11/03/96 039714 CLOSED 001 2/10/97 251 LIABILTY	11/05/96 251 11/11/96 039705 CLOSED 001 2/10/97 251 PREMISE		04	PREMISE	12/01/96 251 12/01/96 039799 CLOSED 001	

PROPOSAL NO. * INVITATION FOR BID * DATE * PAGE * $SCHEDULE\ C$ *

SMP-15 * *PREMIUM AND* * May 24, 2002 * 34 of 131

LOSS EXPERIENCE

VISION	PAGE 10	TOTAL	00 00 00 6, 652.16	00.		.00	00 00 00 3,946.50
C., KMIS DI	REPORT DATE 01/11/02	SALVAGE SUBRO OTHER	0000	0000	000.	.000	3, 500
AIG INSUKANCE SERVICES, INC., KMIS DIVISION	VALUATION DATE 12/31/01	TOTALS	6652.16	000	1953.50	.0000.00	3946.50
AIG INSURANCE	CONTRACT PERIOD 07/01/96 - 07/01/97	ALLOCATED EXPENSE	0000	000	37.50	000	2446.50
	& EXP	MEDICAL PROPERTY	000	000	000	000	000
INIELLIKISK KEFOKLING SISIEM RISK DETAIL REPORT	POLICY 003769846 GL STATE OF LA., LA.STADIUM	COMP	6652.16	000	.00	100000.00	1500.00
RISK DET	POLICY 003769846 (STATE OF LA		CURR PREV RESV AUF	CURR PREV RESV	CURR PREV RESV	CURR PREV RESV HIT	CURR PREV RESV EST
INTELL	PO 00 ST	STATE	LA OVER "TRAUF	LA MG WHILE	LA	LAACKWARDS	LA FOOTBALL SAME CONT
	ACCOUNT 3202008 NA STATE OF LOUISIANA	OFF CLAIMANT NAME CASE NCCI OCCUPATION SYM ACCIDENT DESCRIPTION 1-OFF INJURY DESCRIPTION	EA WALKING UNDER STANDS TRIPPED OVER F" FALLING INTO IT	PREMISE - CLMT ALLEGING HER SHOE WAS DMG RIDING ON ESCALATOR BROKE HEEL OFF SHOE - \$55.00	LA ALLEGING SLIP & FALL IN RESTROOM ALLEGING BACK PAIN	LA ALLEGING SLIP & PALL; FELL BACKWARDS HIT TING HER HEAD ON CONCERT STEP LACERATION TO HEAD	LIA CLMT WAS STRUCK IN FACE BY A FOOTBALL LOSS OF FRONT TOOTH FACE BRUISED
	LOUISIAN	OFF C CASE N SYM A H-OFF	[44 L]	251 041414 001 P 251 R	A.	HH	251 056242 001 251
	CLIENT 1215073 STATE OF LOUISIANA	LOSS DATE OFF RPT. DATE CASE STATUS SYM CLOS DATE H-OFF LOSS TYPE	12/08/96 251 4/25/97 045615 CLOSED 001 12/05/97 251 LIABILITY	1/02/97 251 1/16/97 041414 CLOSED 001 5/22/97 251 PREMISE	1/02/97 251 1/16/97 041416 CLOSED 001 8/05/97 251 LIABILTY	1/02/97 251 1/21/97 041620 CLOSED 001 7/28/97 251 LIABILITY	1/02/97 1/27/98 CLOSED 12/23/98 LIABILTY SUIT

PROPOSAL NO. * INVITATION FOR BID

SMP-15

SCHEDULE C
PREMIUM AND

DATE
May 24, 2002

PAGE 35 of 131

VISION	PAGE 11	TOTAL	332.50		m	.00	000 000
., RMIS DI	REPORT DATE 01/11/02	SALVAGE SUBRO OTHER	0000	000			0000
AIG INSURANCE SERVICES, INC., RMIS DIVISION	VALUATION DATE 12/31/01	TOTALS SA	332.50	00.36	8820.00	.00 54125.36 .00	2587.18
AIG INSURANCE	CONTRACT PERIOD 07/01/96 - 07/01/97	ALLOCATED	322.50	0000	8820.00	.00 54125.36 .00	000
	& EXP	MEDICAL	0000	0000	0000	0000	000
INTELLIRISK REPORTING SYSTEM RISK DETAIL REPORT	POLICY 003769846 GL STATE OF LA., LA.STADIUM	COMP	10.00	00.36	000	.00 .00 .00 .00 N FLOOR	.00 2587.18 .00
RISK REPO RISK DETA	POLICY 003769846 G STATE OF LA.		CURR PREV RESV	CURR PREV RESV	CURR PREV RESV D IATED HIM	CURR PREV RESV IT HEAD O	CURR PREV RESV
INTELLI	POL 003 STA	STATE	LA PARKING	LA EYE WHEN ULL	LA D DISPLAYE FHAT HUMIL R	LA NG ACT FOR TANGLED H	LA DWN STAIRS
	ACCOUNT 3202008 ANA STATE OF LOUISIANA	OFF CLAIMANT NAME ASE NCCI OCCUPATION SYM ACCIDENT DESCRIPTION OFF INJURY DESCRIPTION	ALLEGING CLMT TRIPPED ON A MEDIUM IN GARAGE INJURED LEFT KNEE & RT HAND	LA PIECE OF STEEL FLEW IN CLMTS EYE WHEN HE ATTENDED TRUCK & TRACTOR PULL EYE	LA CURR PREV RESV CLAIMANT ALLEGES THAT INSURED DISPLAYED A MESSASGE ON THE SCOREBOARD THAT HUMILLATED HIM	LA CURR PREV CLMT PRACTICING BUNGEE JUMPING ACT FOR SUPERBOWL HALF TIME SHOW, GOT TANGLED HIT HEAD ON FLOOR CLMT DIED FROM MASSIVE HEAD INJURIES	LA ALLEGING SLIP & FALL GOING DOWN STAIRS ALLEGING PAIN TO HEAD AND BACK
	LOUISI	0 +	251 041413 001 251	251 045672 001 251	251 054383 001 251	251 042027 001 242	251 042789 001 251
	CLIENT 1215073 STATE OF LOUISIANA	LOSS DATE OFF RPT. DATE CASE STATUS SYM CLOS DATE H-OFF LOSS TYPE	1/11/97 1/16/97 CLOSED 3/13/98 LIABILTY	1/11/97 4/23/97 CLOSED 7/14/97 LIABILTY	1/11/97 11/26/97 CLOSED 12/01/99 LIABILTY SUIT	1/22/97 2/06/97 CLOSED 8/29/00 LIABILTY SUIT	1/26/97 2/20/97 CLOSED 1/27/98 LIABILTY

PROPOSAL NO. INVITATION FOR BID DATE PAGE SCHEDULE C PREMIUM AND

May 24, 2002

36 of 131

LOSS EXPERIENCE ** THIS PAGE DOES NOT HAVE TO BE RETURNED **

SMP-15

VISION	PAGE 12	TOTAL		1,389.00		00.		100,000.00		00.	8
NC., RMIS DI	N REPORT DATE 01/11/02	SALVAGE SUBRO OTHER	000	1,	0000		0000	100,	0000		0000
SERVICES, IN	VALUATION DATE 12/31/01	TOTALS	1389.00		0000		.000		0000		0000
AIG INSURANCE SERVICES, INC., RMIS DIVISION	CONTRACT PERIOD 07/01/96 - 07/01/97	ALLOCATED EXPENSE	1389.00		0000		0000		888		0000
	& EXP	MEDICAL PROPERTY	0000		0000		0000		0000		000
INTELLIRISK REPORTING SYSTEM RISK DETAIL REPORT	POLICY 003769846 GL STATE OF LA., LA.STADIUM	COMP	0000		0000		.000		0000		0000
LIRISK REP RISK DET	POLICY 003769846 STATE OF LA		CURR PREV RESV		CURR PREV RESV	TO NECK	CURR PREV RESV	RIGHT HAND	CURR PREV RESV		CURR PREV RESV SPAR
INTEL		STATE	LA	IENT TAKEN TO Y DIFFICULTIES	LA	R HE ATTEMPTED CAUSING INJURY RY	LA		41	& WIRES CUT	
	ACCOUNT 3202008 A STATE OF LOUISIANA	OFF CLAIMANT NAME ASE NCCI OCCUPATION SYM ACCIDENT DESCRIPTION OFF INJURY DESCRIPTION		MUSCULAR DYSTROPHY PATIENT TAKEN TO HOSPITAL FOR RESPIRATORY DIFFICULTIES RESPIRATORY PROBLEMS		CLMT ALLEGING THE CHAIR HE ATTEMPTED SIT DOWN IN COLLAPSED, CAUSING INJURY RIGHT LATERAL NECK INJURY		SECRUITY GUARD WAS INJURED TRYING TO APPREHEND VAGRANT BRUISED LIVER, 3 BROKEN FINGERS ON MUSCLE STRAIN IN BACK	1592 001 PREMISE - 251 OUTBOARD MOTOR MISSING	OUTBOARD MOTOR MISSING & WIRES CUT	251 3586 001 PREMISE - 251 CLMNT PARKED HIS VEH IN INS/GARAGE, E TIRE MISSING MISSING SPARE TIRE
	LOUISIAN	H H	251 049275 001		251 042792 001	02 14	251 057673 001	N DE ME	ш	0	
	CLIENT 1215073 STATE OF LOUISIANA	LOSS DATE RPT. DATE STATUS CLOS DATE LOSS TYPE	1/26/97 251 7/21/97 049275 CLOSED 001	LIABILTY	2/08/97 251 2/20/97 042792 CLOSED 001	7/30/97 LIABILTY	2/15/97 251 3/11/98 057673 OPEN 001	LIABILTY	2/24/97 251 3/05/97 043592 CLOSED 001 4/02/97 251 PREMISE		2/27/97 251 3/05/97 043586 CLOSED 001 3/28/97 251 PREMISE

PROPOSAL NO. INVITATION FOR BID DATE SCHEDULE C SMP-15 PREMIUM AND May 24, 2002 37 of 131

LOSS EXPERIENCE ** THIS PAGE DOES NOT HAVE TO BE RETURNED ** PAGE

NO	PAGE 13	AL RED		00.		33		45		00
IS DIVISI	T. 1/02	TOTAL	0000		000	53.33	000	3,398.4	000.	500.00
, INC., RM	z	SALVAGE SUBRO OTHER								
E SERVICES	VALUATION DATE 12/31/01	TOTALS	000		53.33		3398.45		500.00	
AIG INSURANCE SERVICES, INC., RMIS DIVISION	CONTRACT PERIOD 07/01/96 - 07/01/97	ALLOCATED EXPENSE	0000		0000		3398.45		0000	
	CONT 07/C	MEDICAL PROPERTY	0000		53.33		000		000.	
INTELLIRISK REPORTING SYSTEM RISK DETAIL REPORT	POLICY 003769846 GL STATE OF LA., LA.STADIUM	COMP	0000		0000		000		500.00	
LIRISK REPRISK DET	POLICY 003769846 STATE OF LA		CURR PREV RESV		CURR PREV RESV	TE C	CURR PREV RESV	LON	CURR PREV RESV	
INTEL	<u>α</u> Ο ω	STATE	LA	SLOCK	LA	WEXIT GA	LA	STEP/FEL	Ľ.	NO
	ACCOUNT 3202008 ANA STATE OF LOUISIANA	OFF CLAIMANT NAME CASE NCCI OCCUPATION SYM ACCIDENT DESCRIPTION I-OFF INJURY DESCRIPTION		CIMT TRIPPED OVER CONCRETE BLOCK IN PARKING GARAGE PAIN IN LT ANKLE AND RT KNEE	251 234 001 PREMISE -	CLMT WAS EXITING GARAGE WHEN EXIT GATE LOSED DOWN ON HIS VEHICLE BROKEN VEHICLE ANTENNA		DOING LADDER CLIMB/HIT LAST STEP/FELLON HANDS AND LEFT KNEE SCRAPED HANDS AND LEFT KNEE		CIMT ALLEGED SHE STUBBED TOE ON BARRICADE CAUSING INJURY ! CRACKED TOENAIL, BLEEDINGQ
	CLIENT 1215073 STATE OF LOUISIANA	H	3/14/97 251 3/20/97 044473 CLOSED 001		045		049	251 K	7 049	167
•	CLIENT 1215073 STATE OB	LOSS DATE RPT. DATE STATUS CLOS DATE LOSS TYPE	3/14/97 3/20/97 CLOSED	LIABILTY	4/04/97 4/14/97 CLOSED	4/23/9/ PREMISE	6/01/97 7/21/97 CLOSED	4/08/99 LIABILTY SUIT	6/12/97 7/21/97 CLOSED	6/12/98 LIABILTY

PROPOSAL NO. * INVITATION FOR BID * DATE * PAGE * $SCHEDULE\ C$ *

SMP-15 * *PREMIUM AND* * May 24, 2002 * 38 of 131 *LOSS EXPERIENCE*

Paron	PAGE 15	TOTAL	00	.000000	00.	910.20	588.00
CILINATION OF THE	REPORT DATE 01/11/02	SALVAGE 1 SUBRO INC	0000	.000.000.000	0000	.000.	000
AIG INSUKANCE SERVICES, INC., KMIS DIVISION	VALUATION DATE 12/31/01	TOTALS	000	.00	000	910.20	588.00
AIG INSURANCE	CONTRACT PERIOD 07/01/97 - 07/01/98	ALIOCATED	000	24.00	0000	0000	288.00
	CONTRACT 07/01/97	MEDICAL PROPERTY	0000	0000	000	910.20	000
INTELLIRISK REPORTING SYSTEM RISK DETAIL REPORT	GL DUISIANA	COMP	000	.000.000	000	0000	300.000
IRISK REPORTS RISK DETA	POLICY 003769873 GL STATE OF LOUISIANA		CURR PREV RESV	CURR PREV RESV UE	CURR PREV RESV	CURR PREV RESV	CURR PREV RESV WAY
INTELL	PO 00 ST	STATE	LA	LA & FELL DUE IN FINGER	LA CLAIMANT'S CAMRY	LA D ON THE	LA THE WALK LIP AND
	F LOUISIANA	ION	SSBOX	SHE SLIPPED OF NECK AND	DOWN ON CLA	WHILE PARKE JPERDOME /1993 TOYOTA	& FELL OVER DF CARS EES, HANDS & UPPER ARM
	ACCOUNT 3202008 STATE OF	OFF CLAIMANT NAME CASE NCCI OCCUPATION SYM ACCIDENT DESCRIPTION 1-OFF INJURY DESCRIPTION	CIMT FELL IN PRESSBOX	LA C P P P P P P P P P P P P P P P P P P P	PREMISE - PARKING ARM CAME DOWN ON CLAIM VEHICLE ROOF DAMAGE TO '89 TOYOTA CAMRY	PREMISE - CLAT VEH DAMAGED WHILE PARKED ON THE LOADING DOCK OF SUPERDOWE RIGHT SIDE DAMAGE/1993 TOYOTA CAMRY LE	CURR PREV PREV CLAIMANT TRIPPED & FELL OVER THE WALKWAY BETWEEN TWO ROWS OF CARS LACERATIONS TO KNEES, HANDS & LIP AND SPRAIN TO TO RIGHT SHOULDER & UPPER ARM
	OUISIANA	0 1	D ₄	251 51459 001 251 TO 7 PAII RIGI	251 51429 001 PREMISE 251 PARKING VEHICLE ROOF DAN	251 001 PREMISE 251 CLMT VI LOADING	251 53016 001 251 CLAC BETT RIG
	CLIENT 1215073 STATE OF LOUISIANA	LOSS DATE RPT. DATE STATUS CLOS DATE I	7/08/97 251 8/29/97 051047 CLOSED 001 9/18/97 251 LIABILTY	7/10/97 251 9/01/97 051459 CLOSED 001 7/08/98 251 LIABLLTY	8/13/97 251 9/11/97 051429 CLOSED 001 9/23/97 251 PREMISE	8/28/97 251 12/11/97 054733 CLOSED 001 12/18/97 251 PREMISE	9/06/97 251 10/21/97 053016 CLOSED 001 2/23/98 251 LIABILITY

PROPOSAL NO. INVITATION FOR BID

SCHEDULE C

DATE

PAGE

SMP-15 PREMIUM AND LOSS EXPERIENCE May 24, 2002

	REPORT PAGE DATE 16 01/11/02	TOTAL	.00	.00	.00 .00 .00 .875.00	0000	.00
		SALVAGE SUBRO OTHER					
10101111 01111111111111111111111111111	VALUATION DATE 12/31/01	TOTALS	43287.50	1542.46	875.00	0000	22406.27
200	CONTRACT PERIOD 07/01/97 - 07/01/98	ALLOCATED EXPENSE	3287.50	0000	000	0000	10406.27
	CONTR 07/01	MEDICAL	0000	000	000	000	0000
RISK DETAIL REPORT	GL UUISIANA	COMP	.00 40000.00 .00 .NGERY ATTY	1542.46	875.00	.00 .00 .00 RE OFF RACK	12000.00 .00
RISK DET	POLICY 003769873 GL STATE OF LOUISIANA		CURR PREV RESV JIRE COR BACK SI	CURR PREV RESV HILL NDOME	CURR PREV RESV 3 WE	CURR PREV RESV	CURR PREV RESV SULANCE TO
THIEF	S 0 0	STATE	LANDED [//HAD PR] RGERY 7/	LA & FELL W HE SUPER	LA	LA RAGE/DII ANCE SIG EHICLE/	LA RAMP LDER/AME
	ACCOUNT 3202008 STATE OF LOUISIANA	OFF CLAIMANT NAME CASE NCCI OCCUPATION SYM ACCIDENT DESCRIPTION 1-OFF INJURY DESCRIPTION	LA CURR PREV 4000 SLIPPED AND FELL IN BATHROOM/LANDED DIRE CTLY ON TSPINE 4 THEN HIT HEAD/HAD PRIOR BACK SURGERY BACK AND HEAD PAIN/HAD BACK SURGERY	LA C P P CLAIMANT ALLEGES SHE SLIPPED & FELL WHIL E ATTENDING A SAINTS GAME AT THE SUPERDOME CONTUSION TO HEAD	LA CIMT ALLEGES SHE SLIPPED ON SOMETHING T AND FELL 6 STRUCK A SEAT BACK PAIN 4 SORE RIBS	PREMISE - CURR .00 PREV .00 CLMT PARKED VAN IN PARKING GARAGE/DID NOT PAY ATTENTION TO LOW CLEARANCE SIGNS AND TORE OFF RACK LUGGAGE RACK TORN OFF TOP OF VEHICLE/ 1984 FORD VAN	LA CURR PREV 1200 SLIPPED AND FELL ON WATER ON RAMP POSSIBLE DISLOCATED RIGHT SHOULDER/AMBULANCE TOOK TO HOSPITAL
	OUISIANA	OFF CLAIMA CASE NCCI SYM ACCIDE H-OFF	251 51336 001 251 SLIPP CTLY O BACK A	- 20	251 051445 001 251 CLMT T AND BACK P		251 056021 001 251 SLIPP POSSIB HOSPIT
	CLIENT 1215073 STATE OF LOUISIANA	LOSS DATE RPT. DATE STATUS CLOS DATE I	9/07/97 251 9/07/97 051336 CLOSED 001 6/02/99 251 LIABILTY SUIT	9/07/97 251 9/11/97 051431 CLOSED 001 5/08/98 251 LIABILTY	9/07/97 9/09/97 05 CLOSED 11/25/97 LIABILTY	9/11/97 251 12/16/97 054940 CLOSED 001 1/16/98 251 PREMISE	9/12/97 1/20/98 05 CLOSED 1/02/01 LIABILTY SUIT

PROPOSAL NO. * INVITATION FOR BID * DATE * PAGE * SCHEDULE C *

SMP-15 * PREMIUM AND * LOSS EXPERIENCE

** THIS PAGE DOES NOT HAVE TO BE RETURNED **

May 24, 2002

STATE
LA ALLEGES THAT ESCALATOR STOPPED AND HIM FORWARD TO HIS KNEES. KNEE PAIN
LA STRUCK BY SERVICE ELEVATOR DOOR
PREMISE - RESV CLMT ALLEGING SHE STOOD UP IN FRONT OF HER SEAT, STARTED TO SIT DOWN & FELL TEARING HER PANTS REIMB FOR TORN PANTS \$10.00

PROPOSAL NO. * INVITATION FOR BID

SCHEDULE C

DATE

PAGE

SMP-15 * PREMIUM AND LOSS EXPERIENCE

May 24, 2002

VISION	PAGE 18	TOTAL	00.		648.00	000.000.000.000.000.0000.0000.000000000	0000
C., RMIS DI	REPORT DATE 01/11/02	SALVAGE SUBRO I OTHER	0000	0000	000	38	0000
SERVICES, IN	VALUATION DATE 12/31/01	TOTALS	0000	.00	.00	38309.99	183614.56
AIG INSURANCE SERVICES, INC., RMIS DIVISION	ACT PERIOD /97 - 07/01/98	ALLOCATED EXPENSE	000	.00	728.50	3852.25	.00
	CONTRACT 07/01/97	MEDICAL	000	000	000	0000	000
INTELLIRISK REPORTING SYSTEM RISK DETAIL REPORT	GL DUISIANA	COMP	000	00. 00. 10.	.00 .00 .00	34457.74	.00 .00 .00 .00
LIRISK REP RISK DET	POLICY 003769873 GL STATE OF LOUISIANA		CURR PREV RESV	CURR PREV RESV ETE PARKING LA	CURR PREV RESV N HO WHILE REMOT	CURR PREV RESV JURY	CURR PREV RESV GRE HICH COLLII
INTEI		STATE	LA OVER OVER N/VAN	LA ITH CONCR AUXILIARY CHEVY C15	LA LA T DOGS C ER TOWER ERAL INJU	LA AR FELL AUSING IN BACK HURT	LA DRAS WITH CTED OV W
	ACCOUNT 3202008 STATE OF LOUISIANA	OFF CLAIMANT NAME AASE NCCI OCCUPATION SYM ACCIDENT DESCRIPTION OFF	PREMISE - PUSHED BY SOMEONE IN CROWD OVER RAILING AND LANDED ON ROOF OF VAN ROOF DAMAGE/YEAR/WAKE UNKNOWN/VAN	LA CURR PREV PREV RESV RESV HIT 55 GALLON DRUM FILLED WITH CONCRETE WHILE ATTEMPTING TO PARK IN AUXILIARY PARKING LOT DAMAGE TO DRIVERS SIDE/1985 CHEVY C1500	LA CURR .00 PREV .00 CLMT ALLEGES WHILE WORKING AT DOGS ON HO SS SHOW HE FELL FROM A SPEAKER TOWER WHILE REMOVING TARP OF THE BROKEN AND BODY GENERAL INJURIES	LA CEILING TILE SQUARE AND T-BAR FELL ON CLAIMANTS HEAD AND NECK CAUSING INJURY COMPLAINING OF HEADACHE AND BACK HURTING	LA CURR .000 PREV 172000.00 RESV .00 CLMT TRAVELING NORTH ON POYDRAS WITH GRE EN LIGHT/POLICE OFFICER DIRECTED OV WHICH COLLIDED W/CLMT UNKNOWN
	SIANA	OFF CLAIMANT NAME CASE NCCI OCCUPAT SYM ACCIDENT DESCH H-OFF			CI GS RT	_ 00	51 29 01 42 CLMT 7 EN LIGH UNKNOWN
	CLIENT 1215073 STATE OF LOUISIANA	LOSS DATE OFF RPT. DATE CASE STATUS SYM CLOS DATE H-OFF LOSS TYPE	10/26/97 251 11/05/97 053566 CLOSED 002 12/22/97 251 PREMISE	10/26/97 251 11/06/97 053568 CLOSED 001 1/05/98 251 PREMISE	11/02/97 251 10/18/99 077998 CLOSED 001 1/25/00 251 LIABLLTY	11/03/97 251 4/21/98 059239 CLOSED 001 10/17/01 251 LIABILTY	11/16/97 251 4/08/98 058829 CLOSED 001 7/20/99 242 LIABILIY E SUIT U

PROPOSAL NO. * INVITATION FOR BID * DATE * PAGE * SCHEDULE C *

SMP-15 * *PREMIUM AND* * May 24, 2002 * 42 of 131 *LOSS EXPERIENCE*

ISION	PAGE 19	TOTAL		00.		11,906.50		21,889.63		19,883.60		15,917.49
, KMIS DIV	REPORT DATE 01/11/02	SALVAGE SUBRO INC	0000		0000	11,90	0000	21,88	0.0.0	19,88	0000	15,91
AIG INSURANCE SERVICES, INC., RMIS DIVISION	VALUATION DATE 12/31/01	TOTALS SAI	0000		.000.11906.50		21889.63		19883.60		.00	
AIG INSUKANCE	CONTRACT PERIOD 07/01/97 - 07/01/98	ALLOCATED EXPENSE	000.		1906.50		4389.63		6133.60		.00	
	CONTRACT 07/01/97	MEDICAL	0000		0000		0000		0000		000	
INTELLIKISK KEPOKTING SISTEM RISK DETAIL REPORT	GL UUSIANA	COMP	0000	DED W/CLMT	10000.00	AM DOCTOR	17500.00	HT & PAINFUL	13750.00	TENT	0000	
RISK DET	POLICY 003769873 GL STATE OF LOUISIANA		CURR PREV RESV	GRE IICH COLLII	CURR PREV RESV	UNK SWELLING/S	CURR PREV RESV	OR/	CURR PREV RESV	AN OUMPED BY A	CURR PREV RESV	
INTELL		STATE	ថ	YDRAS WITH	Ŋ	CURRED ARE	ri V	ON WET FLC	Ŋ	IND FELL ON HAD BEEN D	LA	
	ACCOUNT 3202008 STATE OF LOUISIANA	OFF CLAIMANT NAME ASE NCCI OCCUPATION SEX ACCIDENT DESCRIPTION OFF	ISE -	CLMT TRAVELING NORTH ON POYDRAS WITH GRE EN LIGHT/POLICE OFFICER DIRECTED OV WHICH COLLIDED W/CLMT VEHICLE DAMAGED		DETAILS OF HOW ACCIDENT OCCURRED ARE UNK NOWN AT THIS TIME DISLOCATED MIDDLE FINGER OF LEFT HAND/SWELLING/SAW DOCTOR		SLIPPED AND FELL BACKWARDS ON WET FLOOR/ HIT HEAD ALLEGES SHE HIT HER HEAD ON FLOOR & NECK WAS TIGHT & PAINFUL /TRANSPORTED TO TULANE MEDICAL CENTER		CLMT ALLEGES SHE SLIPPED AND FELL ON AN OUTSIDE RAMP WHERE SOME ICE HAD BEEN DUMPED BY A TENT LEFT KNEE INJURY	FELL OFF ESCALATOR	HEAD INJURY
	OUISIANA	OFF CLAIN CASE NCCI SYM ACCII H-OFF	251 58829 002 PREMISE		251 59486 001		251 56488 001	SLI HIT ALLE /TRA	251 67640 001			HEAD
	CLIENT 1215073 STATE OF LOUISIANA	LOSS DATE RPT. DATE STATUS CLOS DATE LOSS TYPE	11/16/97 251 4/08/98 058829 CLOSED 002	PREMISE	11/16/97 251 4/28/98 059486 CLOSED 001	12/08/99 LIABILTY SUIT	11/29/97 251 2/05/98 056488 CLOSED 001	4/11/00 LIABILTY SUIT	12/07/97 251 11/19/98 067640 CLOSED 001	1/21/00 LIABILTY SUIT	12/14/97 251 12/16/97 054946 CLOSED 001 1/15/01 242 LIABILTY	SULT

PROPOSAL NO.

INVITATION FOR BID SCHEDULE C

DATE May 24, 2002 PAGE

SMP-15 PREMIUM AND

LOSS EXPERIENCE

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AIG INSUKANCE SERVICES, INC., KMIS DIVISION	IION REPORT PAGE E DATE 20 /01 01/11/02	SALVAGE TOTAL SUBRO INCURRED OTHER	22.00-	46.00		.00	0000
INCE SERVICE	VALUATION ./98 DATE 12/31/01	TOTALS	62.00 18922.76 32399.70	.00 60653.15 .00	52.87	2775.50	22274.29
AIG INSUR	CONTRACT PERIOD 07/01/97 - 07/01/98	ALLOCATED	62.00 18922.76 7399.70	4329.15	000	2775.50	4774.29
W	CONT	MEDICAL	0000	0000	52.87	0000	0000
INTELLIRISK REPORTING SYSTEM RISK DETAIL REPORT	GL OUISIANA	COMP	CURR .00 PREV .00 RESV 25000.00 FREIGHT ELEVATOR	56324.00	000	000	.00 17500.00 .00
LIRISK REP RISK DET	POLICY 003769873 GL STATE OF LOUISIANA			CURR PREV RESV WE	CURR PREV RESV	CURR PREV RESV	CURR PREV RESV ZA D
INTEL		STATE	LA AT SUGAR S STRUCK P	LA N FLOOR IN /SAW DOCTO	LA AR OF CLMT	LI	LA THE PLAZ EN SHE SLI
	ACCOUNT 3202008 STATE OF LOUISIANA	TION	HILE WORKING GAME, SHE WA LACERATIONS,	L ON WATER O	IE DOWN ON RE		WALKING FRO
		CLAIMANT NAME NCCI OCCUPATION ACCIDENT DESCRIPTION INJURY DESCRIPTION	LA CLMT ALLEGING WHILE WORKING AT SUGAR BOWL BASKETBALL GAME, SHE WAS STRUCK BY INUMEY TO HEAD, LACERATIONS, DIZZINESS, IN HER EARS	LA SLIPPED AND FELL ON WATER ON FLOOR IN ME N'S RESTROOM TWISTED RIGHT ANKLE/SWELLING/SAW DOCTOR	LA PREMISE - PARKING ARM CAME DOWN ON REAR OF CLMT'S VEHICLE REAR-92' HONDA ACCORD	UNKNOWN SOFT TISSUE	ALLEGES SHE WAS WALKING FROM THE PLAZA D OWN TO MAR PARKING GRAGES WHEN SHE SILPED AND FELL
	CLIENT 1215073 STATE OF LOUISIANA			ZH			
	CLIENT 1215073 STATE OF	LOSS DATE OFF RPT. DATE CASE STATUS SYM CLOS DATE H-OFF LOSS TYPE	12/22/97 251 5/28/98 060663 OPEN 001 LIABILITY SUIT	1/01/98 251 4/27/98 059485 CLOSED 001 10/04/00 251 LIABILIY	2/06/98 251 2/20/98 057067 CLOSED 001 3/03/98 251 PREMISE	3/08/98 251 10/01/98 065881 CLOSED 001 3/01/00 251 LIABLITY SULT	3/14/98 251 4/17/98 059013 CLOSED 001 2/08/00 251 LIABLLTY SULT

PROPOSAL NO. * INVITATION FOR BID * DATE * $SCHEDULE\ C$ *

SMP-15 * PREMIUM AND *

LOSS EXPERIENCE

** THIS PAGE DOES NOT HAVE TO BE RETURNED **

May 24, 2002

PAGE

NOTETA	PAGE 21	TOTAL	00.	00.	00.	00.	00.
TO CIMY	REPORT DATE 01/11/02	SALVAGE SUBRO OTHER	8.00	000	000	0000	0000
AIG INSUKANCE SERVICES, INC., KMIS DIVISION	VALUATION DATE 12/31/01	TOTALS SAL	0000	000	000	0000	000
DANGARONI STU	CONTRACT PERIOD 07/01/97 - 07/01/98	ALLOCATED	000	0000	000	0000	000
	CONTRACT 07/01/97	MEDICAL	0000	0000	0000	0000	000
DETAIL REPORT	GL DUISIANA	COMP	.00 .00 .00	.00 .00 .00	LA CURR .00 PREV .00 RESV .00 YOUTHS I DOOR HANDLE/TITANIUM VALVES/	0000	0000
	POLICY 003769873 GL STATE OF LOUISIANA		CURR PREV RESV S I	CURR PREV RESV 1 I	CURR PREV RESV : I	CURR PREV RESV 5 I	CURR PREV RESV 3 I ACCORD L
RISK	POI 003 STP	STATE	LA BY YOUTHS	LA BY YOUTHS	LA BY YOUTHS OR DOOR HA	LA BY YOUTHS 3 PLYMOUTH	LA BY YOUTHS
	LOUISIANA		NDALIZED ST \$487.0	NDALIZED ST \$68/19	NDALIZED D INTERIO	NDALIZED	NDALIZED 138.43/19
	ACCOUNT 3202008 STATE OF	OFF CLAIMANT NAME ASE NCCI OCCUPATION SYM ACCIDENT DESCRIPTION OFF INJURY DESCRIPTION	PREMISE - SEVERAL CARS WERE VANDALIZED BY YOUTHS I N PARKING GARAGE DAMAGED ALL 4 TIRES/EST \$487.03/1995 MITSUBISHI ECLIPSE	PREMISE - SEVERAL CARS WERE VANDALIZED BY YOUTHS I N PARKING GARAGE DAMAGED ALL 4 TIRES/EST \$68/1993 MERCURY VILLAGER VAN	1019 003 PREMISE - 251 SEVERAL CARS WERE VANDALIZED BY YOUTHS N PARKING GARAGE DAMAGED WINDSHIELD AND INTERIOR DOOR HAN EST \$539.53/1989 TOYOTA TERCEL	PREMISE - SEVERAL CARS WERE VANDALIZED BY YOUTHS N PARKING GARAGE DAMAGED 3 TIRES/EST \$98.07/1993 PLYMOUTH	DREMISE - SEVERAL CARS WERE VANDALIZED BY YOUTHS I N PARKING GARAGE 3 DAMAGED TIRES/EST \$138.43/1988 HONDA ACCORD LX
	LOUISIAN	H	251 0019 251 N	251 0059019 002 P 251 N	M ZOM	251 0059019 004 P 251 N	A ZM
	CLIENT 1215073 STATE OF LOUISIANA	LOSS DATE CASE RPT. DATE CASE STATUS SYM CLOS DATE H-OFF LOSS TYPE	4/03/98 251 4/17/98 059019 CLGSED 001 4/28/98 251 PREMISE	4/03/98 251 4/17/98 059019 CLCSED 002 4/28/98 251 PREMISE	4/03/98 251 4/17/98 059019 CLOSED 003 4/28/98 251 PREMISE	4/03/98 4/17/98 (CLOSED 4/28/98 PREMISE	4/03/98 251 4/17/98 059019 CLOSED 005 4/28/98 251 PREMISE

PROPOSAL NO. * INVITATION FOR BID *

SMP-15

SCHEDULE C *
PREMIUM AND *

DATE
May 24, 2002

45 of 131

PAGE

	PAGE 22	TOTAL	00:		00.	57,253.20 .00 .00	246.57	000
	N REPORT DATE 01/11/02	SALVAGE SUBRO OTHER	0000	0000	000.	.000	0000	
	VALUATION DATE 12/31/01	TOTALS	0000	0000	57253.20	246.57	3500.00	
	ACT PERIOD /97 - 07/01/98	ALLOCATED EXPENSE	000	000	.00	0000	0000	
	CONTRACT 07/01/97	MEDICAL PROPERTY	000	0000	000	0000	0000	
RISK DETAIL REPORT	GL UUSIANA	COMP	 	0000	9200.000	.00	3500.00	
RISK DETA	POLICY 003769873 GL STATE OF LOUISIANA		CURR PREV RESV IS I LET CAVALIER	CURR PREV RESV	IKNOWN CURR PREV RESV	HEL CURR PREV RESV	CURR PREV RESV	
	S 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	STATE	LA BY YOUTH	LA N	TAILS UN	IA LA	IG ON WATER	HT HAND
	ACCOUNT 3202008 STATE OF LOUISIANA	OFF CLAIMANT NAME ASE NCCI OCCUPATION SYM ACCIDENT DESCRIPTION OFF INJURY DESCRIPTION	LA SEVERAL CARS WERE VANDALIZED BY YOUTHS : N PARKING GARAGE 1 DAMAGED TIRE/EST \$55.72/1995 CHEVROLET	ALLEGES INJURY/DETAILS UNKNOWN	ALLEGES INJURY PER ATTORNEY/DETAILS UNKNOWN LA CUI REI	CLMT TRIPPED OVER PIECE OF IRON THAT HELD TEMPORARY SEATING DOWN FRACTURED LT HAND		HAND GOT CAUGHT IN DOOK AT GATE A UT 3RD AND 4TH FINGERS OF RIGHT HAND
	OUISIANE	OFF CI CASE NO SYM AC H-OFF	251 059019 006 PR 251 S	251 059872 001 251	251 066241 001 242	C D D FR 251 073412 001 251 251	C FA MI MI 251 064123 251 251	CUT
	CLIENT 1215073 STATE OF LOUISIANA	LOSS DATE RPT. DATE STATUS CLOS DATE LOSS TYPE	4/03/98 4/17/98 0 CLOSED 4/28/98 PREMISE	4/04/98 5/12/98 0 CLOSED 1/25/99 LIABILTY	4/04/98 4/04/98 0 CLOSED 3/07/00	LIABILTY 6/07/98 5/04/99 0' CLOSED 5/07/99	LIABILTY 6/12/98 8/21/98 0 CLOSED 6/24/99	LIABILTY

PROPOSAL NO. INVITATION FOR BID DATE PAGE SCHEDULE C

SMP-15 LOSS EXPERIENCE

PREMIUM AND

May 24, 2002 46 of 131

AIG INCORNACE CENTICES, INC., NALC DIVISION	PAGE 24	TOTAL	.00	.00	.0000	00.	329.89
	ON REPORT DATE 1 01/11/02	SALVAGE SUBRO OTHER				*	
	VALUATION DATE 12/31/01	TOTALS	185.74	7705.20	9307.70	000	329.89
	CONTRACT PERIOD 07/01/98 - 07/01/99	ALLOCATED EXPENSE	0.00	705.20	1049.20	0000	000
		MEDICAL	185.74	0000	0000	0000	329.89
RISK DETAIL REPORT	POLICY 005883192 GL STATE OF LOUISIANA, LOUISIANA	COMP	0000	7000.000	8258.50	0000	.00 .00 .00
RISK DETA	POLICY 005883192 (STATE OF LOI		CURR PREV RESV	CURR PREV RESV	CURR PREV RESV LAT	CURR PREV RESV	CURR PREV RESV IDE DOOR 7
	SOO	STATE	LA LLET WHEN ASH RUS	LA ELL ON	LA R METAL P	LA GOT BLACK	LA NG ARM DRIVERS S
	ACCOUNT 3202008 STATE OF LOUISIANA	CLAIMANT NAME NCCI OCCUPATION ACCIDENT DESCRIPTION INJURY DESCRIPTION	LA PREMISE - CLATS VEHICLE STRUCK BY A PALLET WHEN INSURED EMPLOYEE'S EMPTIED TRASH LEFTERONT FENDER-96' FORD TAURUS	LA CIMT ALLEGES SHE SLIPPED & FELL ON HANDICAPED RAMP LEFT KNEE	LA CLMT ALLEGES SHE TRIPPED OVER METAL PLAT RIGHT KNEE & FOLL	I.A. CIMT ALLEGES CHAIR AT EVENT GOT BLACK STAINS ON HER DRESS DRESS STAINS	PREMISE - PREV .00 EXITING THE GARAGE AND PARKING ARM CAME DOWN ON VEHICLE MINOR DENTS AND SCRATCHES TO DRIVERS SIDE DOOR AND RODE/ 1997 HONDA ACURA
	OUISIANA	OFF CASE SYM H-OFF		251 001 251 CJ HAN	251 065653 001 251 CJ	251 062925 001 PRI 251 CJ STY	251 063461 201 PRI 251 E CAN
	CLIENT 1215073 STATE OF LOUISIANA	LOSS DATE RPT. DATE STATUS CLOS DATE LOSS TYPE	7/04/98 251 7/27/98 062921 CLOSED 001 9/15/98 251 PREMISE	7/04/98 7/27/98 CLOSED 1/28/99 LIABILTY	7/04/96 9/24/96 CLOSED 7/20/99 LIABILTY	7/16/98 7/27/98 C CLOSED 1/27/99 PREMISE	7/24/98 8/06/98 CLOSED 10/06/98 PREMISE

PROPOSAL NO. * INVITATION FOR BID

* SCHEDULE C

SMP-15

SCHEDULE C *
PREMIUM AND *

DATE
May 24, 2002

PAGE 47 of 131

IVISION	PAGE 25	TOTAL		129.59		441.96		6, 695.50		00.		00.
C., KMIS DI	REPORT DATE 01/11/02	SALVAGE SUBRO OTHER	000.		8.8.6		0.00	9	0000		8.8.8	
SERVICES, IN	VALUATION DATE 12/31/01	TOTALS	129.59		.00		.00.		0000		0000	
ALG INSUKANCE SERVICES, INC., KRIS DIVISION	CONTRACT PERIOD 07/01/98 - 07/01/99	ALLOCATED T EXPENSE	0000		0000		000		0000		0000	
		MEDICAL	129.59		441.96		0000		0000		0000	
KEFORTING SISTEM DETAIL REPORT	POLICY 005883192 GL STATE OF LOUISIANA, LOUISIANA	COMP	0000		0000		.00.		0000		0000	
	POLICY 005883192 (STATE OF LOI		CURR PREV RESV		CURR PREV RESV		CURR PREV RESV		CURR PREV RESV	W C	CURR PREV RESV	M C
INTELLIRISK	PO 00 ST	STATE	LA		E	D HIT 6/	IA	77	E.	WERE STRU	LA	WERE STRU
	ACCOUNT 3202008 NA STATE OF LOUISIANA	OFF CLAIMANT NAME CASE NCCI OCCUPATION SYM ACCIDENT DESCRIPTION 1-OFF INJURY DESCRIPTION	120 001 PREMISE - 251 PARKING ARM HIT ANTENNA ON VEHICLE	DAMAGED ANTENNA/EST \$129.59/ 1992 ACURA WAGON	PREMISE -	PARKING ARM MALFUNCTIONED AND HIT CLMT VEHICLE DAMAGED ROOF PANEL/EST \$395.96/ 1994 ISUZU TROOPER		CLMT ALLEGES HE SLIPPED & FELL FINGER, LUNG PUNCTURED		CLMT ALLEGES SHE & DAUGHTER WERE STRUCK WITH BILLY CLUB BY SECURITY GUARD BRUISED		CLMT ALLEGES SHE & DAUGHTER WERE STRUCK WITH BILLY CLUB BY SECURITY GUARD SHOULDER BRUISED
	LOUISIA	0 1	251 064120 001 1 251		251 064595 001 I	167	251 067077 001 251		251 065548 001		251 065548 002	
	CLIENT 1215073 STATE OF LOUISIANA	LOSS DATE RPT. DATE STATUS CLOS DATE LOSS TYPE	8/05/98 251 8/21/98 064120 CLOSED 001 9/16/98 251 PREMISE		8/24/98 251 9/03/98 064595 CLOSED 001 PREMISE -	PREMISE	9/04/98 251 11/04/98 067077 CLOSED 001 6/24/99 251	LIABILLY	9/19/98 251 9/30/98 065548 CLOSED 001	S/UZ/99 LIABILTY	9/19/98 251 9/30/98 065548 CLOSED 002	8/02/99 LIABILTY

PROPOSAL NO. * INVITATION FOR BID * DATE *

* SCHEDULE C * * * * 48 of 131 LOSS EXPERIENCE

PAGE

IVISION	PAGE 26	TOTAL	000	61, 782.87,	900	4,648.38	960	135.95	0.00	113,300.86	000	00.
WILS D	REPORT DATE 01/11/02	SALVAGE SUBRO OTHER	0000	61,	0000	4	0000		000.	113,	000.	
AIG INSURANCE SERVICES, INC., KMIS DIVISION	VALUATION DATE 12/31/01	TOTALS	605.50 17237.05 43940.32		4648.38		135.95		50.50 113250.30		000	
ALG INSURANCE	ACT PERIOD 1/98 - 07/01/99	ALLOCATED EXPENSE	605.50 17237.05 8940.32		4648.38		0000		50.50 27811.37		000	
E	CONTRACT 07/01/98 ISIANA	MEDICAL	0000		0000		0000		0000		0000	
INIELEIKISK BETAIL REPORT	POLICY 005883192 GL STATE OF LOUISIANA, LOUISIANA	COMP	35000.00		0000		135.95		85438.93	ON 2-28-99	000	
RISK DE	POLICY 005883192 STATE OF LO		CURR PREV RESV	T NO	CURR PREV RESV	DRA	CURR PREV RESV	DO	CURR PREV RESV	TTACK	CURR PREV RESV	
TUIEL	PC ST ST	STATE	LA	DUE TO LIQUID ON	F	AN OPEN	LA	SPENSER &	EA.	WALKWAY DUE TO WRIST, HEART ATTACK	LA	
	LOUISIANA	Z		H		STEPPED INTO AN OPEN		IN SOAP DISPENSER		SPRAIN LEFT WRI	ATOR	SECAP
	ACCOUNT 3202008 STATE OF	CLAIMANT NAME NCCI OCCUPATION ACCIDENT DESCRIPTION INJURY DESCRIPTION		CIMT SLIPPED AND FELL HE FLOOR UNKNOWN BODY GENERAL		CLMT ALLEGES HE STIN IN KITCHEN NECK/BACK		CK FINGER		CLMT ALLEGES SHE FELL IN WALKWAY DUE TO PATER SROKEN ANKLE, SPRAIN LEFT WRIST, HEART A	CLMT FELL ON ESCALATOR	LACERATION SHIN, KNEECAP
	CLIENT 1215073 STATE OF LOUISIANA	OFF CASE SYM H-OFF	251 078208 001		251 072425 001	251 CLMT IN IN NECK/B	251 071730 001			CLMT WATER BROKEN		LACERA
	CLIENT 1215073 STATE OF	LOSS DATE OFF RPT. DATE CASE STATUS SYM CLOS DATE H-OFF LOSS TYPE	9/26/98 251 10/25/99 078208 OPEN 001	LIABILTY SUIT	9/30/98 251 3/26/99 072425 CLOSED 001	2/24/00 LIABILIY SUIT	10/03/98 251 3/04/99 071730 CLOSED 001	3/22/99 LIABILIY	10/11/98 251 10/05/99 077669 CLOSED 001 4/19/01 242	LIABILTY SUIT	11/15/98 251 2/11/99 071052 CLOSED 001 2/23/99 251 LIABILTY	

PROPOSAL NO. * INVITATION FOR BID * SCHEDULE C * SMP-15 * PREMIUM AND *

* * May 24, 200

DATE

May 24, 2002 * 49 of 131

PAGE

IVISION	PAGE 27	TOTAL	000	24,500.00		4,250.00		4.722.40		3,861.75		1,463.00
NC., RMIS DI	N REPORT DATE 01/11/02	SALVAGE SUBRO OTHER	0000	24,	0000	4,	000	9	0000	'n	000	i
SERVICES, I	VALUATION DATE 12/31/01	TOTALS	24500.00		.00		4722.40		3861.75		1463.00	
AIG INSURANCE SERVICES, INC., RMIS DIVISION	CONTRACT PERIOD 07/01/98 - 07/01/99	ALLOCATED EXPENSE	0000		0000		.00		.00 1992.00		0000	
		MEDICAL	000		0000		000	8	0000		0000	
INTELLIKISK KEPOKTING SISTEM RISK DETAIL REPORT	POLICY 005883192 GL STATE OF LOUISIANA, LOUISIANA	COMP	24500.00		4250.00		4000.00	00.	1869.75	SR R	1463.00	
RISK KEP	POLICY 005883192 STATE OF LO		CURR PREV RESV ENT		CURR PREV RESV	FL	CURR	RESV	CURR PREV RESV	VAT STRUCK HI	CURR PREV RESV	
INTEL	9.00 E	STATE	LA R INSIDE		LA	LL ON WET	LA	NEVEN GRO	LA	EIGHT ELE	E	FULL BEER
	ACCOUNT 3202008 STATE OF LOUISIANA	TION	LA RAINING/CLMT SLIPPED ON WATER INSIDE RANCE			CIMT ALLEGES HE SLIPPED & FELL ON WET OOR ATSAINTS/FALCON FOOTBALL GAME ARM, HEAD		CLMT ALLEGES HE TRIPPED ON UNEVEN GROUND & PELL IGHT KNEE ABRASHION		CLWT ALLEGES THAT GATE ON FREIGHT ELEVAT R AT SUPERDOME MALEUNCTIONED & FELL & STRUCK HER EAD INJURYNO SPECIFICS		CHILD HIT IN HEAD BY THROWN FULL BEER CAN HEAD-CONCUSSION
	ACCOUNT 3202008 STATE O	OFF CLAIMANT NAME ASE NCCI OCCUPATION SYM ACCIDENT DESCRIPTION OFF	INING/CLMT SL	NOWN		MT ALLEGES HE ATSAINTS/FAL , HEAD		CLMT ALLEGES HE TRI & FELL RIGHT KNEE ABRASHION		CLMT ALLEGES THAT GATE OOR AT SUPERDOME MALFUNCTI. HEAD INJURYNO SPECIFICS		ILD HIT IN HE D-CONCUSSION
	COUISIANA	O H		UNK	251 070049 001 251	OA	251	CT4	251 082023 001	OH	251 071727 001	251 CAN HEA
	CLIENT 1215073 STATE OF LOUISIAN	LOSS DATE RPT. DATE STATUS CLOS DATE LOSS TYPE	11/15/98 251 6/16/99 075394 CLOSED 001 11/15/99 251 LIABILLY		12/13/98 251 1/19/99 070049 CLOSED 001 6/18/99 251	LIABILTY	00 00	CLOSED 10/25/99 LIABILTY		7/18/00 LIABILTY SUIT	1/30/99 3/01/99 0 CLOSED	3/22/99 LIABILTY

DATE PROPOSAL NO. * INVITATION FOR BID

SCHEDULE C PREMIUM AND SMP-15 LOSS EXPERIENCE

May 24, 2002

PAGE 50 of 131

* *	THIS	PAGE	DOES	NOT	HAVE	TO	BE I	RETURNED	* *

IVISION	PAGE 28	TOTAL	3,000.00	000000000000000000000000000000000000000	00.	000000000000000000000000000000000000000	000000000000000000000000000000000000000
C., KMIS D	REPORT DATE 01/11/02	SALVAGE SUBRO OTHER	000.00	0000	000	0000	0000
SERVICES, IN	VALUATION DATE 12/31/01	TOTALS	3000.00	7404.00	0000	00.000000000000000000000000000000000000	2560.14
ALG INSUKANCE SERVICES, INC., KMIS DIVISION	CONTRACT PERIOD 07/01/98 - 07/01/99	ALLOCATED 1 EXPENSE	0000	1629.00	0000	.00.	0000
	CONTR 07/01 LOUISIANA	MEDICAL	0000	0000	000	0000	0000
INTELLIKISK KEPUKIING SISIEM RISK DETAIL REPORT		COMP	3000.000	.00	000	000	2560.14
RISK DET	POLICY 005883192 GL STATE OF LOUISIANA,		CURR PREV RESV	CURR PREV RESV SPO	CURR PREV RESV	CURR PREV RESV GA	CURR PREV RESV RKI
INTELL	PO 000 ST	STATE	LA D ON WET	LA IN WET	LA CADE & FA	LA DE AND IT G INJURY / BACK AN	LA ENT IN PA
	ACCOUNT 3202008 STAIE OF LOUISIANA	OFF CLAIMANT NAME AASE NCCI OCCUPATION SYM ACCIDENT DESCRIPTION OFF INJURY DESCRIPTION	CHILD ALLEGED TO HAVE SLIPPED FLOOR IN BATHROOM & FELL SOFT TISSUE	CHILD ALLEGED TO HAVE SLIPPED IN WET T ON 500 LEVEL CONCOURSE & FELL	LA CLMT ALLEGES TRIP OVER BARRICADE & FALL LEFT KNEE/RIGHT WRIST	LA CUR PRES CLMT RIDING ON FLOAT IN PARADE AND IT GA VE WAY AND HE FELL OFF CAUSING INJURY SHOULDER / RIBS / HIP / HEAD / BACK AND NECK	LA CLMT TRIPPED OVER RAISED CEMENT IN PARKI NG GARAGE & FELL FACIAL BRUISES & BLEEDING
	NISIANA	OFF CLAI CASE NCCI SYM ACCI H-OFF		FH	H		2 11
	CLIENT 1215073 STATE OF LOUISIANA	LOSS DATE RPT. DATE STATUS CLOS DATE H LOSS TYPE	1/30/99 251 3/01/99 071729 CLOSED 001 11/16/99 251 LIABILTY	1/30/99 251 5/11/99 073623 CLOSED 001 5/10/00 251 LIABLILY SUIT	2/11/99 251 3/24/99 072542 CLOSED 001 9/03/99 251 LIABILEY	2/13/99 251 2/17/00 081951 CLOSED 001 5/15/00 251 LIABLILT	3/27/99 251 4/07/99 072654 CLOSED 001 7/07/99 251 LIABILTY

PROPOSAL NO. * INVITATION FOR BID

* SCHEDULE C

SMP-15

SCHEDULE C *
PREMIUM AND *

DATE
May 24, 2002

PAGE 51 of 131

DOTALLA DELL'ANT DEPOSIT DELL'ANT DELL'	PAGE 29	TOTAL	00.00	00.	000	1,300.00	4,023.80	.00
	ON REPORT DATE 1 01/11/02	SALVAGE SUBRO OTHER						
	VALUATION DATE 12/31/01	TOTALS	0.00	0000	1300.00		4023.80	.00
	CONTRACT PERIOD 07/01/98 - 07/01/99	ALLOCATED EXPENSE	000	000	000		.00 157.75 .00	0000
		MEDICAL PROPERTY	0000	0000	0000		0000	.00
RISK DETAIL REPORT	POLICY 005883392 GL STATE OF LOUISIANA, LOUISIANA	COMP	0000	0000	1300.00		3866.05	.00 .00 .00 .00 A FORK LIFT
RISK DET	POLICY 005883192 (STATE OF LO		CURR PREV RESV SD OV	CURR PREV RESV	CURR PREV RESV FELL		CURR PREV RESV SLIP	CURR PREV RESV THE S THE IT WITH
		STATE	LA HE TRIPPE	LA A SLIPPERY	LA WATER &		LA SCALATOR ON GROUP	LA RKED AT 1 INSD MOV IN TAILG
	ACCOUNT 3202008 STATE OF LOUISIANA	ION RIPTION PTION	LA CLMT STATES SHE FELL WHEN SHE TRIPPED ER PARKING BLOCK KNEES / HANDS AND NECK PAIN	Z	LA SHE SLIPPED IN WATER		LA CLMT WALKING DOWN STOPPED ESCALATOR SLIP PED ON LANDINO/ALLEGES WATER ON GROUND BACK OF HEAD/BACK & NECK	LA CURR .00 PREV .00 SHE LEFT VEH PARKED AT THE S HAD PERMISSION/ INSD MOVED IT WITH A FORK LIFT KING CAB / HOLE IN TAILGATE BROKE TAILIGHTS AND
		CLAIMANT NAME NCCI OCCUPATION ACCIDENT DESCRIPTION INJURY DESCRIPTION	M 24	CLMT ALLEGES A FALL ON ESCALATOR ANKLE FRACTURE-SURGERY	CLMT ALLEGES SHE	LEFT SHOULDER	шш	PREMISE - CLMT STATES UPERDOME AND 1995 NISSAN DMG BUMPER
	ronisi	OFF CASE SYM H-OFF	251 075419 001 251	251 073586 001 251	251 073598 001 251		251 083181 001 251	251 081292 001 251
	CLIENT 1215073 STATE OF LOUISIANA	LOSS DATE OFF RPT. DATE CASE STATUS SYM CLOS DATE H-OFF LOSS TYPE	3/27/99 7/16/99 CLOSED 5/01/00 LIABILTY	4/10/99 251 5/04/99 073586 CLOSED 001 11/03/99 251 LIABILTY E	4/10/99 251 5/04/99 073598 CLOSED 001 6/23/99 251 LIABILTY		4/10/99 251 11/03/99 083181 CLOSED 001 6/28/00 251 LIABILITY SUIT	4/17/99 251 1/19/00 081292 CLOSED 001 2/16/00 251 PREMISE

PROPOSAL NO. * INVITATION FOR BID * DATE *
* SCHEDULE C *

SMP-15 * *PREMIUM AND* * May 24, 2002 * 52 of 131 *LOSS EXPERIENCE*

PAGE

AIG INSURANCE SERVICES, INC., KMIS DIVISION	VALUATION REPORT PAGE DATE DATE 30 12/31/01 01/11/02	S SALVAGE TOTAL SUBRO INCURRED OTHER	.00 844.02 .00 .00	000		.00 .00 315.25 .00	315.25	.00 .00 .00 .00	4,005.30	.00.00	
ALG INSURANCE SERV	CONTRACT PERIOD VA 07/01/98 - 07/01/99	ALLOCATED TOTALS EXPENSE	.00.	000		.00 .00 .00 .00		4005.30 400		.00 .00 .00 .00	
EG		MEDICAL	844.02	000		315.25		0000		000.	
INTELLITION REPORTING SISTEM RISK DETAIL REPORT	POLICY 005883192 GL STATE OF LOUISIANA, LOUISIANA	COMP	W .00 W .00 W .00	V	OVERNIGHT		BENT		Q	R 400.00	
RISK	POLICY 005883192 STATE OF 1	STATE	LA CURR PREV RESV 3 FROM CONFE DEPT UNATTENDED COPHONE	LA CURR PREV BPSV	S FROM CONFE	LA CURR PREV RESV	CK TIRE AGAI SARAGE D RIM OF WHEEL	LA CURR PREV RESV	INJURIES WHE SS MALFUNCTIONE	LA CURR PREV RESV	S AGAINST AN
	ACCOUNT 3202008 ANA STATE OF LOUISIANA	OFF CLAIMANT NAME CASE NCCI OCCUPATION SYM ACCIDENT DESCRIPTION I-OFF INJURY DESCRIPTION	251 402 PREV 201 PREV 251 CLMT ALLEGES PROPERTY MISSING FROW CONFE RENCE ROOM WHERE IT HAD BEEN LEFT UNATTENDED OVERNIGHT MICROPHONES/POWER SUPPLY/MICROPHONE	DO ANGOL	CLMT AL RENCE RO PHOTO EQ	251 894 001 PREMISE - unknown	CLAIMANT EXITING GARAGE STRUCK TIRE AGAI NST CONCRETE STICKING OUT IN GARAGE RIGHT FRONT TIRE PUNCTURED AND RIM OF WHEEL BENT		ATTY ALLEGES CLMT SUSTAINED INJURIES WHE N SAFETY BAR ON AMUSEMENT RIDES MALFUNCTIONED INJURIES UNKNOWN		CLMT EXITING RIDE BRUSHED LEG AGAINST OBJECT THAT INJURED SAME
	OUISIA	H		251	251	73894 001 E	251 P	251 75392 001		251 74524 001	
	CLIENT 1215073 STATE OF LOUISIANA	LOSS DATE RPT. DATE STATUS CLOS DATE LOSS TYPE	4/21/99 251 4/29/99 073402 CLOSED 001 6/04/99 251 PREMISE	4/21/99	PREMISE	5/10/99 251 5/13/99 073894 CLOSED 001	9/21/99 PREMISE	6/02/99 251 7/15/99 075392 CLOSED 001	7/27/01 LIABILIY SUIT	6/06/99 251 6/14/99 074524 CLOSED 001	8/03/99 LIABILTY

PROPOSAL NO. * INVITATION FOR BID * SCHEDULE C *

LOSS EXPERIENCE

SMP-15

SCHEDULE C *
PREMIUM AND *

May 24, 2002

DATE

* 53 of 131

PAGE

VISION	PAGE 31	TOTAL	176.58	54.95	00 00 00 7,852.00	00000000
IC., RMIS DI	REPORT DATE 01/11/02	SALVAGE SUBRO IN OTHER	0000	0000	.00	30,0
SERVICES, IN	VALUATION DATE 12/31/01	TOTALS	.00	.00	.00 7852.00 .00	.00 4642.55 25357.45
AIG INSURANCE SERVICES, INC., RMIS DIVISION	ACT PERIOD /98 - 07/01/99	ALLOCATED 7 EXPENSE	0000	0000	2852.00	.00 4642.55 5357.45
	CONTRACT 07/01/98 SIANA	MEDICAL PROPERTY	176.58	.00 .84.95 .00	0000	000
REPORTING SYSTEM DETAIL REPORT	POLICY 005883192 GL STATE OF LOUISIANA, LOUISIANA	COMP	000	.00 .00 .00 EST\$ 5	.00 .00 .00 .00	.00
INTELLIRISK REP RISK DET	POLICY 005883192 STATE OF LO		CURR PREV RESV AETH OOD	CURR PREV RESV FRO	LA CURR PREV RESV A HOLE THA CAUSING HER TO FALL	CURR PREV RESV RETRACT CLMT TO FALL PAPERS
INTEL		STATE	LA E FROM SON NTO CAR HC 99 HONDA A	LA E DRIPPED WINDOWS 6	LA TO A HOLE THA CK CAUSING HE	LA DECK OF RETRACT CAUSING CLWT TO IN SUIT PAPERS
	ACCOUNT 3202008 ANA STATE OF LOUISIANA	OFF CLAIMANT NAME ASE NCCI OCCUPATION SYM ACCIDENT DESCRIPTION OFF INJURY DESCRIPTION	TA CUR PREMISE - superdome parking RES CIMT VEHICLE RECEIVED DAMAGE FROM SOMETH ING DROPPING FROM OVERHEAD ONTO CAR HOOD DAMAGE TO PAINT ON HOOD OF '99 HONDA ACCORD.	251 372 001 PREMISE - 251 CLMT ALLEGES WHITE SUBSTANCE DRIPPED FRO M PARKING LOT ONTO HER VEH WHITE SUBSTANCE TO ROOF/HOOD WINDOWS & DOC 5.00	CLMT ALLEGES SHE STEPPED INTO T WAS BETWEEN THE CURB & BRICK FRACTURE RIGHT FOOT	CLMT PULLING UP FLAPS ON ABLE SEATING/FOOT SLIPPED INJURIES ARE NOT SPECIFIC
	LOUISIA	D H				
	CLIENT 1215073 STATE OF LOUISIANA	LOSS DATE RPT. DATE STATUS CLOS DATE LOSS TYPE	6/14/99 251 6/16/99 074559 CLOSED 001 7/02/99 251 PREMISE	6/17/99 251 7/15/99 075372 CLOSED 001 9/30/99 251 PREMISE	6/20/99 251 10/08/99 077780 CLOSED 001 2/21/01 251 LIABILTY SUIT	6/22/99 251 7/27/00 086505 OPEN 001 LIABILLY SUIT